CALIFORNIA

Integrated Core Practice Model

for Children, Youth, and Families

August 2024

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

CDSS

DEPARTMENT OF EDUCATION
STATE OF CALIFORNIA

DDS Department of Developmental Services

CalHHS

DOR DEPARTMENT of REHABILITATION
Employment, Independence & Equality

Executive Summary

Background and Context

In May of 2018, the California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) jointly released the nation's first multi-agency Integrated Core Practice Model (ICPM) guide for children, youth, and families. Built on the legacy work of other practice model learning both in California and beyond, it seeks to provide research-based behavioral practice and principles which lead to effective outcomes for youth receiving services through public delivery systems.

Since the release of the 2018 ICPM launch, various voices across California's child and youth serving landscape have expressed both gratitude for the model's unique role as well as a desire for inclusion in future iterations.

Under Assembly Bill (AB) 2083 (Chapter 815, Statutes of 2018) Children and Youth System of Care—local regional centers, child welfare, behavioral health, juvenile probation, and county offices of education partners are now expected through a joint Memorandum of Understanding (MOU), to collaboratively implement and use the ICPM. Nearly all of the MOUs received have committed to training and utilizing the ICPM. While the MOU establishes the foundational structures for the System of Care, the ICPM serves as the behavioral cornerstone. Together, the MOU and ICPM form the functional guidance for each local Children and Youth System of Care. California's effort to link agencies through its Children and Youth System of Care work through an ICPM, has been noted by national experts as "groundbreaking" and "standard-setting" work.

Integrated Core Practice Model (ICPM) Review Process

Beginning in the fall of 2019, subject matter experts from various identified systems formed short-term ICPM advisory and review teams. Their task was to evaluate and refine the original practice model content developed by the Child Welfare, Probation and Mental Health experts for the 2018 version. These teams underwent a series of facilitated meetings to review, expand, and enhance the Integrated Core Practice Model (ICPM) content, tailoring it to effectively address the needs of their constituents and fellow service organizations.

The collaborative effort included representatives from:

- Regional Centers
- Family Resource Centers/Family Support and Child Abuse Prevention Experts
- Current and Former Foster Youth
- Biological Parents and Parent Partners
- Short Term Residential Therapeutic Program and Foster Family Agency Providers/Resource Families
- Schools (General and Special Education)
- Tribal and Native Service and Policy Experts

Executive Summary

What's Different About Integrated Core Practice Model 2024?

Based on those engagements and the thoughtful content generated, the changes to ICPM 2024 can be summarized as follows:

1 RACE AND EQUITY

Introduced language to emphasize addressing the need for attention to disproportionality and over-representation. Highlights how the Children and Youth System of Care, with high collaborative services, supports social justice pursuits.

2 PREVENTION FOCUS

Added language reflecting the value and need to engage early, offer resources and supports, including services based in empirically established programs such as "Family Strengthening", that prevent entry to the Children and Youth System of Care.

3 THE VOICE OF LIVED EXPERTISE

Added language to support the role and inclusion of parents and former foster youth.

4 TRIBAL EMPHASIS

Added language reflecting connections to Indian Child Welfare Act as a platform for effective care, and how public agencies should work with tribes in effective ICPM based service delivery to ensure the protection of the rights of tribes and their children.

5 COMMUNITY BASED ORGANIZATIONAL PROVIDERS

Added reference language about the role of providers in teaming and service delivery.

6 REGIONAL CENTERS

Added language and context to highlight the critical role of teaming and planning with partners in the Intellectual Disabilities/Developmental Disabilities sector. Ensures the inclusion of services designed to support the specific needs of individuals with developmental or intellectual disabilities.

7 CHILDREN AND YOUTH SYSTEM OF CARE

Added content to firmly anchor the ICPM within the AB 2083 Children and Youth System of Care partnerships. As AB 2083 was not law in 2018, it was necessary to connect the practice model as the behavioral glue of the system. Unlike 2018, this 2024 version will be clear that it is a practice model intended for all Children and Youth System of Care partners and contractors

8 PRACTICE BEHAVIORS

Updated the specific leadership and practice behaviors based on stakeholder input and to more fully align to the five elements of care which comprise the model.

9 TWO PRACTICE PRINCIPLES

Added language based on national Children and Youth System of Care research and stakeholder input. These principles are "equity-based" and "trauma-informed".

10 THE ROLE OF NEUROSCIENCE

Added language to support the relational and emotional intelligence demands of staff working in the system, based on cutting-edge practice research and the impact of trauma and secondary trauma.

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Introduction

Purpose and Background

The **California Integrated Core Practice Model for Children, Youth, and Families 2024** (ICPM) is a guide for effective service delivery within the trauma-informed Children and Youth System of Care (CYSOC) mandated by AB 2083. The model emphasizes the importance of healing relationships, nurturing family, parents and caregivers, cultural appropriateness, and timely and accessible services for at-risk children and youth.

This updated ICPM provides a research-based framework supporting the CYSOC as a collective impact approach. This revision of the ICPM expands on and applies prior core practice models and includes new and revised content informed by representative stakeholders across the system, and new information from social neuroscience and mind-body research. The perspectives and experiences of foster youth, parents, tribes, public education agencies, regional centers, and community-based prevention and service providers were generously shared by teams of subject matter experts.

This ICPM recognizes that abuse, neglect and its related outcomes are not inevitable, and that all partners can strengthen children, youth, parents and families by building protective factors, e.g., parental resilience, knowledge of effective parenting and child development, child social and emotional development needs and strengths, positive social and cultural connections, and concrete support in times of need. Delivery of prevention activities and resources can and does prevent entry or re-entry into court mandated services and limits the intensity of services required to support children and their families to achieve stability and safety.

This ICPM outlines a practical framework for county and regional agencies to integrate initial and ongoing:

- Engagement and teaming
- Assessment
- Planning and plan implementation
- Monitoring and adapting plans
- Transitions

This framework is built on the adoption of values found in SOC, California Wraparound, California Partners for Permanency (CAPP), the Indian Child Welfare Act (ICWA), Safety Organized Practice (SOP), Strengthening Families, and other theories and practice models that inform human services work.

Collectively, this includes:

- Orienting and Bio Developmental Theories
- Intervention Theories
- Organizational Theories
- Social Neuroscience and Mind-Body Research Findings

The table on the following pages display each of the ICPM values and how each of these theories and research findings help guide the framework.

ICPM Values

Orienting and Bio Developmental Theories **THAT HELP US:**	Recognize the unique developmental needs of children and youth.
	Remember that parenting is challenging, and that strengthening and promoting resilient families and communities is critical in preventing maltreatment and its recurrence.
	Comprehend and address the effects of Adverse Childhood Experiences, including how chronic stress and trauma-induced neurological adaptation hinder learning and contribute to low academic achievement. Recognize that both current and historical trauma can lead to maladaptive coping behaviors, affecting family stability, including maltreatment and non-functional criminological behaviors.
	Prioritize the importance of Advantageous Childhood Experiences, and protecting and promoting maternal and paternal attachment bonds, tribal and family connections, and cultural strengths and resources.
Intervention Theories **ABOUT HOW TO:**	Collaborate with family members to identify and utilize services and resources that address unsafe situations and thinking patterns, prioritizing evidence-based approaches.
	Plan effective service delivery by consulting with the child, youth, parents, and tribes, incorporating their preferences in strategies to enhance family well-being
	Guide parents, children, and youth through transitions with proactive team-based planning and intervention to prevent or address trauma-influenced behaviors which may threaten permanence at home or school and cause other disruptions.

Organizational Theories **THAT HELP US:**	Ensure adaptive support for the ICPM at both practice and leadership levels.
	Integrate resources and responsibilities of system partners, including prevention and intervention services, to meet the needs of children, youth, parents and families in their communities.
	Prioritize home and school stability to foster healthy development.
	Encourage collaboration between all delivery partners identifying barriers and opportunities for solutions that improve service availability.
	Incorporate workforce development efforts which include the wisdom and experience of parents, youth, tribes, and others. These efforts should empower direct service staff and their managers to gain new knowledge and skills; try innovative approaches; learn from mistakes; and use data to guide decisions.
	Ensure organizations, parents, youth, tribes, and others routinely participate in the implementation and evaluation of ICPM strategies; and transparent information about practice fidelity, service effectiveness, and satisfaction informs continuous quality improvement efforts.
	Support leadership and staff to hold themselves and each other accountable for sustaining the ICPM practice with factual, data-based information that creates a practice-to-policy feedback loop that informs and supports the evolution of an effective Children and Youth System of Care.
Social Neuroscience and Mind-Body Research Findings **THAT HELP US:**	Recognize that the human brain and nervous systems, designed as a social structure for increased species survival.
	Acknowledge the human nervous system is always in service of survival, which plays a critical role in helping people heal and effectively mobilizing around change.
	Understand that individual and intrapersonal safety is linked to executive functioning that provides access to compassion, cooperative teamwork, and other prosocial behaviors.
	Appreciate how human beings are biologically regulated by social relationships and experiences.
	Demonstrate an understanding of the importance of mindful awareness and self-regulation in service delivery, workforce development, and in leadership and system transformation efforts.

Important Considerations

THAT GUIDE THE ICPM MODEL

Race, Disproportionality, Equity, and Social Justice

The ICPM is a vehicle for fostering equity for youth and their families. Recent nationwide events have brought attention to systemic racism, raising awareness of the necessity for deep conversations about racism and implicit bias. This has amplified the urgency to address disproportionate representation of communities of color in child welfare and justice systems, as well as inequities in access to care and resources in healthcare and education systems.

Historically, racism and bias ingrained in public institutions and policies have frequently led service systems to prioritize surveillance and compliance over the essential healing and support needed for individuals who come under the purview of public systems. To change that, public human service leaders and practitioners must take on the challenge to become healing systems, particularly for Black, Latino, Native American, and other racial minorities who struggle from the effects of historical and current trauma intertwined with poverty, violence, and the lack of equal opportunity. Leaders must seek to correct and improve both policy and practice. The system must set goals and hold itself accountable to help and heal those who are served, first through family and community prevention strategies, and as needed, with targeted restorative services that support families to stay together.

Power imbalance exists throughout the service systems, with professionals often dictating expectations to parents and youth, minimizing the potential for healing trauma and overlooking their inherent knowledge and strengths. This mindset neglects valuable resources from the larger network and community. Evidence-based practice research indicates that highly integrated and coordinated cross-system service planning and delivery better meet the needs of children, youth, parents, tribes, and communities. This approach results in improved outcomes, lower rates of re-entry or recidivism, and demonstrates the efficacy of strengthening the community context in which youth and their families live.

California's County Children and Youth System of Care

Assembly Bill (AB) 2083 requires that a county's Children and Youth System of Care MOU formally includes child welfare, behavioral health, county office of education, juvenile probation, and regional center agencies. Additionally, AB 153 (Chapter 86, Statutes of 2021) introduced the requirement that counties are to consult with local Tribes in the implementation of required MOUs. At local discretion, a system partnership may expand on this core structure and formally or informally include other agencies or service partners.

A detailed description of the roles of each of the required system partner agencies is available in the Appendix section of this document. Guidance for implementation of the local Children and Youth System of Care can be found at CHHS.ca.gov/home/system-of-care.

Child Welfare ensures child safety, stability, and permanence, while Behavioral Health supports the mental and emotional health of children, youth and family members dealing with addictions or mental illness.

Juvenile Probation addresses community safety through expertise in the identification of criminogenic factors and pro-social strategies and resources for youth who have been arrested. Education supports learning with mechanisms that can provide individualized accommodations and resources to enhance academic success. The regional centers identify, provide early intervention, and offer resources and care coordination for persons with enduring intellectual and developmental disabilities.
See the Appendix for more information.

System partners collaborate closely with community-based organizations to deliver care and services to identified children, youth, and families. Residential providers, including Foster Family Agencies (FFAs) and Short Term Residential Therapeutic Programs (STRTPs), offer safe environments providing trauma informed care to facilitate healing and stability. Additional providers including Community Care Facilities, Enhanced Behavioral Support Homes, and Community Crises Homes provide residential services and supports for individuals (children and adults) eligible for regional center services who have behavioral support needs. Family Resource Centers focus on preventing harm and maltreatment of children by providing support for all families, but particularly for families at risk. Other community organizations provide behavioral health treatment and other resources at home, school and in a variety of community settings.

Given the county-specific variations in programs and services, it is essential that all county public agency and community provider staff are cross trained at the local level. This prepares them to consistently engage with families and collaborate to plan and deliver services to children and youth served across the CYSOC. This ICPM Guide, along with the companion Integrated Training Guide, offers a framework to help counties establish effective system partnerships and improve sustainable safety, permanency, and well-being for children and families, while supporting their communities.

Important Definitions

In this document, these important terms are defined below:

Parent	In this document the term “parent” encompasses biological parents, adoptive parents, kin, non-relatives, resource parents, Indian custodians, or other caregivers with legal responsibilities for children and youth. It also acknowledges active efforts to maintain or reunite an Indian child with their family. Occasionally, it may also involve more informal arrangements. If a child is placed outside of their biological home with a plan for reunification, the parent(s) is the biological parent.
Youth	The term “youth” distinguishes older children from younger children, recognizing their increased developmental and legal autonomy.
Family	The term “family” includes blood relatives living with the child or youth, as well as extended relatives and other individuals including members of the tribe in the case of an Indian child. It is critical that practitioners fully understand the role of adults involved (or potentially involved) in the child or youth’s life so that individuals with key information and who care about the child/youth are included appropriately in the teaming process, whether for a specific period or as part of the plan to ensure stability and/or permanency for the child or youth. Inclusion of fathers and paternal relatives should not be overlooked.

Collaboration and Working Alongside Tribes

Tribes are sovereign nations and there is a unique legal and political relationship between the federal government and federally recognized tribes, which is based in the United States Constitution, treaties, Supreme Court decisions, federal laws, and Executive Orders. Federal legislation known as the Indian Child Welfare Act (ICWA) governs "child custody proceedings" for Indian children and supports tribal authority over proceedings including active efforts designed to keep an Indian child's family and tribal relationships intact, involved in decisions reflecting tribal placement preferences if a child must be removed from their parent(s), and preference for utilization of tribal resources that align with the tribe's prevailing cultural, social conditions and values. Welfare and Institutions Code (WIC) section 224.1 sets forth these requirements in California statute. To implement these requirements, tribes are a necessary partner and each county Children's System of Care (CSOC) must engage collaboratively with tribes located in their county to ensure that tribal voice and rights are respected. Specific reference to these expectations is seen throughout this ICPM.

Tribal culture is family and community focused; parents and the tribe share responsibility for raising children, as children represent the future of the tribe. It is important to recognize that where there is disagreement, especially about placement decisions, the tribe has the ultimate authority to make those decisions.

To help familiarize yourself with Native American and Alaskan Native cultures, Substance Abuse and Mental Health Services Administration (SAMHSA) has developed resources including:

- The Culture Card
- TIP 61: Behavioral Health Services for American Indians
- Alaska Natives which are linked here.

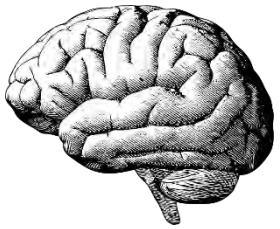
The state's ICWA desk reference can be found here.

Additionally, tribes are very diverse, and these resources should be seen only as guidance. You must consult directly with the Indian child's tribe to understand more about the prevailing cultural and social conditions, including the appropriate etiquette, of that specific community.

A NOTE ABOUT OTHER PRACTICE MODELS

Local partners using practice models or other guides aligned in values and principles with this ICPM are encouraged to review these documents collectively. This not only enhances alignment for a trauma-informed System of Care but also fosters deeper engagement among peer agencies. Given the historic challenges of care delivery and the inherent gaps across systems, the successful implementation of any practice model thrives in genuine, trust-based and mutually committed partnerships.

How Neuroscience Informs Human Services Work



Insights from the neurobiology of human relationships serve as a neuroscientific lens through which to view the ICPM as a framework for the Children and Youth System of Care. As inherently social beings, humans are biologically wired for connection. Within the social realm, our behavior is governed by the brain's overarching goal to minimize threat and maximize reward. According to insights from neuroscience, the brain scans for five social needs multiple times per second to ensure survival.

These needs are:

ESTEEM

Our perceived importance to other people; where we rank in the social order.

CHOICE

A sense of control over situations and events; having autonomy.

UNDERSTANDING

Having a sense of certainty and ability to predict the future.

RELATEDNESS

The perception of being in the in-group versus the out-group; deciding whether someone is a friend or an enemy.

EQUITY

Exchanges between people being seen as fair; there is a level playing field.

The brain treats these social needs to be as important as the need for food, water, and safety from physical harm, i.e., equal biological imperatives. When one or more of the social needs are threatened, the stress response systems are activated, shutting down the executive functions in the learning and connection centers required for collaboration, problem solving, emotional regulation, and social engagement.

As professionals engage and work with children, youth, and parents, they convey either signals of warning or welcome, influenced by their autonomic nervous system. The nature of these signals hinges on whether the professional's social engagement system is activated, indicating a state of intrapersonal safeness. Managing our physiological awareness and leveraging our brain's executive functioning is crucial for effectively addressing the social needs of others, ultimately determining our ability to be helpful.

Bio-signals, conveyed through the social engagement pathway involving the eyes, inner ear muscles, larynx, pharynx, sweat glands, and jaw muscles, play a pivotal role. Welcome or warning is expressed through tone of voice and changes in the corners of the eyes whether the person is consciously aware of this or not. Suppressing information, providing inaccuracies, or avoiding responsibility activates a protective state in the nervous system, shutting down social engagement. This neural dysregulation, transmitted through bio-signals and neural systems like mirror neurons, activates the stress response, elevates cortisol, diminishes attention, and poses a potential threat to interpersonal safety, potentially re-traumatizing families.

A key feature of the stress response is the mobilization of fast neural circuits - networks that are quick to respond automatically below conscious awareness. Automatic responses come from regions of our brain that are below conscious awareness where hard wired habits are stored. When these areas of the brain are engaged, openness to new information and awareness of more than one perspective is decreased. The tendency to operate on autopilot and not pay attention to context or new things in the environment is called mindlessness. Neuroscientists estimate that most of our thoughts, feelings, behaviors, and decisions are generated outside of conscious awareness approximately 95% of the time. Our brains have evolved to reserve energy by transferring information and behaviors as quickly as possible to nonconscious habit regions, allowing execution without the need for conscious thought.

The slower executive functions in the brain are needed for deliberate and conscious self-regulation of behavior. To successfully engage and help another person, the practitioner must be able to self-regulate their own physiology and stay present and available when encountering defensiveness and pain. These slower neural circuits can be mobilized through mindful awareness and self-attunement, which allows activation of the social engagement system and psychological safety, providing the opportunity to be experienced as a healing, safe presence for the child, youth, and parents. By consistently demonstrating this safe, organizing presence achieved through the professional's own mindfulness and attunement, the regulation of a child or family member's physiology is supported, facilitating co-regulation while their own nervous system undergoes rewiring with the formation of new habits.

Additional information about social neuroscience research and what has been learned aligns with the ICPM available on the CDSS ICPM website.

California's #FosterStability

ICPM values and principles are reflected clearly in the state's Foster Stability work which represents the voice of lived expertise from current and former foster youth. Safe, stable resource-rich foster care is a long-standing goal of all system involved partners. Implementation of this ICPM, and the practice behaviors found in Chapter 3, support service delivery toward these HEAL-ing recommendations.

For further detail, see #FosterStability.

H	E	A	L
HEALTH AND WELLNESS	**EDUCATION**	**A PLACE TO CALL HOME**	**LIFELONG CONNECTIONS**
a. Healing systems do not re-traumatize but are thoughtful in all aspects of a youth's life. **b.** Give youth a voice in their options, create the plan together, NOT on your own. **c.** Relationships are the basis of healing and creating stability for youth. **d.** Listen actively, be genuine, and communicate frequently.	**a.** Prioritize both living and school stability. **b.** CFT process focuses specifically on education and individual needs. **c.** Give foster youth a voice in their educational decisions. **d.** Explain the role of the educational rights holder to foster youth. **e.** Inform youth about the California Foster Youth Bill of Rights and the Foster Care Ombudsman Office. **f.** Train educators about trauma in the context of youth development and provide robust support on campuses for youth. **g.** Ensure foster parents are accountable in understanding placement preservation strategies before initiating a 14-day notice, and never use the process as a threat. **h.** Develop trauma-sensitive school environments where youth feel safe, welcomed, and supported.Get involved in the youth's education! Attend extracurricular events, meet with teachers, and ask youth how you can support their educational journey.	**a.** Home is more than a placement; genuinely support the youth's community and sense of belonging. **b.** CFTs focus on supporting stabilization in placement and refer to the proper resources. **c.** Ensure every youth feels safe and comfortable at any placement. **d.** Match living and treatment according to needs and experiences; not to bed availability.	**a.** STOP severing relationships! Through every transition, youth need to say their goodbyes and have the opportunity to keep their connections. **b.** Co-Parenting-foster parents and case workers should nurture the child with the birth parents when possible. **c.** Prepare youth for CFTs and have conversations on what the youth may expect prior to the meeting.

02

The Integrated Core Practice Model

The ICPM embodies the shared values, core components, and standards of practice expected from California's children, youth, and family serving agencies within the System of Care (CYSOC). It outlines expected behaviors for staff in direct service, supervisory, and leadership roles. These values, principles, and practices are meant to be shared by all who seek to support children, youth, and families whether employed by a governmental agency or a community-based organization. Supported by brain science, these principles cultivate psychological safety, a crucial neurobiological element for growth and transformation.

Children and Youth System of Care Practice Model Values and Principles

Practice Model Values

Parent and Youth Driven ***(or Tribe, Parent and Youth Driven*)*** **CHOICE**	Parents and young people are supported in choosing the types of treatment, interventions, and supports provided (with increasing youth/young adult self-determination based on age and development). *For Indian children, the Tribe is actively involved in decision-making throughout the service and system-level processes. This is required by WIC section 224.1 and ICWA (25 U.S.C. Sec. 1901 et seq).
Community Based and Least Restrictive **RELATEDNESS**	Services and supports are provided in home, school, and other community (non-institutional) settings. Responsibility for system management and accountability rests within a supportive, adaptive infrastructure of functions, processes, and relationships at the community and regional level.
Culturally, Linguistically and Equity Competent **ESTEEM** **EQUITY**	Agencies, services, and supports are adapted to the cultural, racial, ethnic, and linguistic diversity of the young people and families served; care meets individual needs, including those shaped by culture and language, and to ensure equity in access, quality, and effectiveness of service.
Prevention and Early Intervention Focused **EQUITY**	Care is proactive and recognizes and strengthens the protective and resilient capacities of families and communities, identifying and reducing circumstances that pose risks to healthy development or harm to children or disruption to the family. For Indian families, these efforts must include active efforts to prevent the breakup of the family as mandated by ICWA.

Practice Model Principles

Individualized ESTEEM EQUITY	Individualized services and supports are tailored to the unique strengths, preferences, and needs of each young person and their family and community. For Indian children, this includes working with the prevailing social and cultural values of the child's Indian community.
Strengths-Based ESTEEM	Each team members' strengths and assets are identified in the engagement and planning processes and used in developing strategies to achieve objectives.
Culturally, Linguistically and Equity Competent CHOICE RELATEDNESS	Trauma experiences, including historical trauma and those that occur in childhood, are recognized as affecting brain function, the attainment of developmental milestones, social perceptions, relationships, academic attainment, health, emotion, and behavior throughout an individual's lifetime. Trauma-informed services seek to understand the underlying circumstances and to build psychological and physical safety, resilience, and a sense of control and partnership with the provider.
Teaming UNDERSTANDING RELATEDNESS	Services and care management are tailored to the intensity of need of young people and their families, and ensuring that multiple services and supports are delivered in a coordinated and therapeutic manner, so that families can move throughout the Children and Youth System of Care in accordance with their changing needs, personal preferences, and cultural resources, including active efforts to collaborate with tribal representatives and culturally appropriate resources when working with Indian children and their families.
Family Voice and Choice UNDERSTANDING CHOICE	The culture, interests and preferences of youth and family members are valued as necessary to successful planning and are clearly visible in the plan. For Indian families, Tribes are required participants. ICWA placement preferences must be applied, and the best practice for implementing those preferences is to consult with the Tribe regarding placement. These discussions should happen between the agency and Tribe. Family voice and choice are included in those discussions, but ultimately Tribal preferences take precedence.

Practice Model Principles (continued)

Evidence-Based Practice UNDERSTANDING EQUITY	Services and supports include evidence-informed, emerging evidence-supported, and promising practices and are used to improve outcomes for young people and their families, including cultural adaptations as appropriate.
Natural Supports ESTEEM RELATEDNESS	Includes important personal relationships and associations that occur in everyday life, and which enhance the quality of the teaming process.
Collaboration UNDERSTANDING RELATEDNESS	Plans and services are coordinated at the direct service and system levels, with linkages among youth-serving systems and agencies, across administrative and funding boundaries, and with mechanisms for system-level management including addressing cross-system barriers to coordinated care.
Developmentally Appropriate EQUITY	Developmentally appropriate services and supports are provided, including those that promote optimal social-emotional outcomes for young children and their families, address educational needs, as well as services and supports for youth to facilitate their transition to adulthood and to adult service systems as needed.
Outcome-based UNDERSTANDING	Plans clearly specify outcomes that are measurable, attainable, relevant, and within a defined timeframe. Results are routinely monitored and tracked. When strategies are not effective, they are revised, based on learning from what works and what does not.
Persistence ESTEEM EQUITY	Team efforts continue through difficult and changing circumstances, never giving up, continuing to find approaches that work, until the CFT makes the decision that the child, youth and parent(s) goals are substantially met, and services are no longer needed.
Comprehensive Array of Services and Supports EQUITY	Ensures the availability and access to a broad, flexible array of effective, high-quality treatment, services, tribal service providers, and supports for young people and their families that address their emotional, social, educational, physical and behavioral health needs.

The Integrated Core Practice Model Logic Model

TO BUILD AN EFFECTIVE CHILDREN AND YOUTH SYSTEM OF CARE

Inputs

Training, Coaching, Quality Improvement Integrated Across the SOC

- **Core Values and Principles**
- **Skilled CFT Practices**
- **Phases and Activities**

Facilitative system conditions include administrative supports, funding, and policies

Process Outcomes

High quality, high fidelity CFT process.

Team members are:

- Working from a **shared strengths-based** view of the family
- Committed to **team decisions** and goals
- **Motivated** to implement team decisions
- **Optimistic** about achieving goals
- Focused on **goals/ needs that are important** for the family and youth, including educational attainment and stability
- Focused on ways to heal current and prevent future trauma
- Able to devise creative strategies
- Active in **gathering and using data** to monitor the plan

Intermediate Outcomes

Participation in the CFT builds the family assets.

- Experience with proactive planning and coping
- Confidence in ability to solve problems; optimism about the future
- Confirmation of family strengths and positive identity

Services and supports work better, individually and as a "package".

- Service and supports are accessed as part of the community fabric to prevent or minimize crisis ("just in time" prevention)
- Service/support strategies match needs
- Strategies complement one another and fit the family context
- Plan includes formal and informal services and supports access, engagement

Longer Term Outcomes

Positive child, youth, parent and family outcomes.

- Team goals achieved; needs met
- Increased family assets
- Increased family empowerment, self-efficacy, positive self-regard
- Improved functioning: e.g., safety, behavioral health, education/ vocation, etc.
- Increased social support and community integration
- Increased family resiliency and strengthened protective factors

03

Integrated Core Practice Elements and Behaviors

Working Within a Team and Across the Children and Youth System of Care

Collaboration is at the heart of this ICPM, emphasizing teamwork with parents, children, youth, families, tribes, and other natural supports. It requires working transparently and responsively with all interagency partners, building positive relationships, sharing decision-making power and resources to successfully implement an integrated plan. For Indian children, a tribal representative must be included in the team. A tribal representative provides enriched cultural information and perspective, as well as the required formal support within decision-making processes.

Research on collective intelligence reveals that social abilities are crucial to achieving high performance in teams. The number one factor is the social perceptiveness of the members–how effectively they function as an interdependent entity, interpret each other, and respond to social cues. The second factor is the balance in turn taking. Teams that attentively address each other's emotional and social needs, maintaining regular communication, demonstrate higher intelligence and collaborate more effectively.

While a teaming process is common across all partner agencies, court-dependent children and youth are required to have Child and Family Team (CFT) meetings, integrating services and supports into court-ordered case plans addressing the removal or risk of removal from parents. Many counties have implemented Safety Organized Practice (SOP) within their child welfare services and as a framework for their CFTs and case planning within child welfare. More information about SOP is available in the Appendix.

For those receiving services outside of foster care, various teaming forms exist, including Individualized Education Planning, Student Study Teams, Individual Family Service Plans, Individual Program Plans, etc. Regardless of the form or structure of the team, professionals are expected to implement the values and principles of this ICPM in the engagement, assessment, planning and implementation, monitoring and adapting, and transitioning of care and services. A shared goal of the local Children and Youth System of Care is to limit redundancy and conflict across plans and maximize resources and alignment in planning activities. There should be one team and one plan for each youth in a Children and Youth System of Care.

The CFT includes the parent, child, youth, tribal representative in the case of an Indian child, service providers, and individuals invited by the family to help and support them such as extended family members, friends, and other child serving systems coordinators and team members. The team's role is to develop a shared understanding of the family member's strengths and needs. Together they identify options and make decisions that will help the family build and achieve success across areas of life that impact well-being, family and school stability, academic success, permanence, and the overall effective functioning of family members in pursuit of a better future.

The CFT plan delegates tasks to team members based on their strengths and expertise, resource accessibility and support for youth and/or parents, to accomplish plan objectives within a set timeline. Regular CFT meetings adjust the plan based on its effectiveness, transitioning the family towards self-directed and less intensive services when ready. In other contexts, involving parents and, when appropriate, the child/youth (and tribal representative) in planning decisions is essential.

Child and Family Team meetings (CFTM) serve as a primary method by which caring and empathetic professionals listen and embrace youth and family stories, build team engagement, foster effective communication and integrate interventions and activities. Shared agreements define how the team process operates. Options for strategies to achieve the goals of the plan are generated within the team. Decisions about actions to be taken are made by collaborative agreement of all the team members and should clearly reflect the choice and preferences of the youth and family (and Tribe for an Indian child). From an ICPM perspective, the words consensus and collaborative decision-making does not mean that everyone necessarily agrees, but rather that agreement between all parties reflects that each person can and will support the decision of the team. If the strategy does not work as planned, it will be changed based on what has been learned. If consensus cannot be reached, a conflict resolution process must be followed. A list of tips to support the team process is available in the Appendix.

The participants in team meetings may vary depending on the stage of team formation, the phase of service implementation, or the focus of the agenda. Whether or not every team member is physically participating in a meeting, it is critical that all team members have the information they need to fulfill their role on the team and understand why their contribution and involvement on the team is important and valued.

Typically, a team designates one member as the CFT facilitator, ideally someone with similar cultural background as the child and family. The facilitator elicits the family's story within the team process, identifies strengths and needs, and builds trusted relationships with natural supports and professionals. They collaborate with the parent and others to set the meeting agenda and craft an integrated CFT plan, ensuring the meeting aligns with ICPM values. If the youth or parent desires to facilitate their team meetings, such aspirations should be supported whenever possible.

The process of the CFT is implemented in five concurrent elements or phases as described in the next section. Experience suggests that the teaming process is most successful when:

- Team meetings have a predetermined agenda agreed upon with parents and/or youth.
- Team membership includes the child, youth, and parent(s), and if applicable, the child's tribe.
- Additional support persons, such as extended family members, tribal supports, support and service providers, including but not limited to, resource parents, STRTP staff, foster family agency staff, behavioral health providers, school staff, regional center service coordinator, regional center vendors, vocational counselor, or other community providers are encouraged to join at the discretion of the parent and/or youth Some professionals, including tribal representatives, may be mandated participants.
- The team has established shared agreements and a defined decision-making process that includes conflict resolution methods.
- Each member's strengths and resources contribute to the plan.
- Team members are willing to suspend judgment to achieve mutual understanding of differing perspectives, recognizing and appreciating the importance of divergent opinions in finding effective and individualized solutions.
- Professionals and others on the team consistently demonstrate respect for each team member's experience, openly sharing power in decision-making.
- All team members participate in the development and decisions about the implementation and revision of the integrated CFT plan. When planning within constraints of the law, court orders or regulatory requirements, the team honors the culture and preferences of the family, and tribe if applicable, as they consider options for compliance.
- Specific action steps and interventions assigned to team members are clearly defined within a timeframe and are monitored and adapted frequently.
- While professionals may be required to complete specific plan documents related to their role, the content of every plan, (Individualized Education Program, Individual Program Plan or Individual Family Service Plan, Individualized Health and Support Plan), should be in included in the integrated CFT plan, as applicable, and so the team is aware of the full scope of activities going on in the lives of family members.
- Meeting schedules and locations prioritize family preferences, accommodating young children, school schedules, and work commitments, often favoring community settings over professional offices.

When applied with fidelity, these factors contribute to increased satisfaction among participants and better outcomes for children, youth, and families. The 5 practice elements along with their corresponding activities and standards are on the following pages.

Engagement and Teaming

The initial interactions and communication with youth and family are often the most powerful opportunity to create a context for positive, authentic, empathy-rich relationships. These safe and supportive connections are vital for social and emotional learning, and to create a context for growth and development. Engaging with the child and family activates neural processes involved in the secure attachment that promotes healthy development. The engagement practice behaviors apply not only to how professionals relate to youth and family and their natural support persons, but also how professionals work with and view one another.

Engagement and teaming, encompassing team formation, provides the initial opportunity to align the parent, child and youth with a service orientation that values their expertise in their own lives (esteem, relatedness). It emphasizes their integral role in planning and service processes (choice, equity), while identifying and prioritizing their needs and strengths (understanding). These elements are similarly important for engagement with each member of the CFT throughout the service process.

Engagement

Engagement is the range of activities and style of social interaction with team members that creates an effective working alliance for positive change. It results from professionals embodying social behaviors including vulnerability, empathy, and empowerment. Initial engagement activities create a shared understanding of the circumstances that brought the family into care, identify the strengths, needs, and culture of the family and team members, and set the tone for the necessary collaborative practice and decision-making. If necessary, as the process begins, a crisis safety plan is developed to support immediate stabilization.

The initial engagement phase establishes a clear understanding of the family's vision for a better future. Behavior change is a direct reflection of the quantity and quality of attention the family/team pays to the identified new ideas, thoughts, and behavior associated with healing and a better life. It is critical to maintain focus on the family's vision, strengths, and possibilities, as whatever is focused upon is what forms long-term pathways in the brain. Everything that follows, including the identification and inclusion of team members selected by the family, and the implementation of successful plans and strategies, helps build protective factors that meet social needs, strengthen the family, and support the achievement of that family vision. Collaborating around the family's vision serves as social glue for the team.

The involvement of Parent Partners and Youth Partners enhances engagement and provides immediate support. With shared experiences, parent and youth partners are in a unique position to model hope that life can get better. Peer support and mentorship can significantly improve the parent or youth's ability to speak and advocate for themselves, express their vision for their own future, and clarify their strengths, needs, and preferences during the service process.

Engagement is a continuous process in every interaction with a child/youth, parents and team. If engagement with team members fails, it is likely that the plan will fail. If at any time the family or other team members become disengaged, the effort and focus of engagement must be repeated. For an Indian child, engagement with the tribe is absolutely essential to the success of the active efforts required to ensure that the child remains connected to their tribe.

Teaming

Children and Youth System of Care research has established that it is unlikely any one department can meet or address all the needs of a child, youth, or parent by itself. For plans involving only one system partner, the protocols within that system should be followed, with adherence to the values and principles in this manual. As the complexity and intensity of need are identified, the importance of integrated and coordinated planning and service coordination increases.

While some team members may be mandated participants, non-mandated members of the CFT are invited with agreement from parents and/or youth. The composition and size of the team will depend on who the parents or youth believe will be a support to them and whether they are willing to be involved. Becoming a member of the team, each person agrees to participate and be held accountable to developing, implementing, monitoring and adapting an integrated CFT plan. During team formation, staff introduces the values and principles of the ICPM, including how each participant will be part of the team supporting the child, youth, parents, with their invited personal supports and service providers, to make plans and share decisions. In the case of an Indian child, the child's tribe is an important and required partner for inclusion on the team.

The importance of identifying and including natural supports cannot be overstated. Their inclusion assists with the creation of social safety for the family members and supports all of the brain's social needs, esteem, choice, understanding, relatedness, and equity. Natural supports add wider perspectives about the family's strengths and needs while taking an active role in supporting a family's plan. In addition, they often continue to provide support and resources when formal service is over. Identification of relationships with extended family, Tribal members, school staff, educational resources, neighbors, clergy, and others should be explored early in the process.

As CFT membership is established (or when new members join), each team member is oriented to the CFT process, including the purpose, core values and principles, and meeting structure, along with the rights and responsibilities of membership. They agree to hold information about the family and CFT in confidence and abide by other group agreements that are established. Issues of privacy and confidentiality should be openly discussed. Necessary and appropriate consents to share and/or release information are obtained. Mandated reporting requirements are made clear and included in team agreements that support the collegial functioning of the team. As new members join the team, these discussions should be revisited.

Team meetings should occur as frequently as needed, aligned with the intensity and urgency of identified needs. Team meetings are typically more frequent at the beginning of the process as team members learn about each other and their shared mission, and crisis needs are stabilized. The frequency may decrease over time as needs are met, new skills are developed, and when transitions occur as plans are completed and new priorities addressed.

As the strengths, protective factors, and underlying needs of the parent, child, youth, and family are identified, the team may evolve by adding other members as needed, enhancing positive family assets. Changes in professional work assignments may require that members are replaced, or that they leave when specific needs are resolved. Every change in team composition can be disruptive to the process, and a revisit to creating team cohesion may need repeating.

Assessment

Assessment involves continuous formal and informal processes across all disciplines within the system and over time, starting with the initial engagement process and allows practitioners to understand what has happened to the child/youth and family members, and to identify their strengths and prioritized needs. Simply put, the identification of need tells us why to act. Understanding what is behind the behavior that resulted in the need to act defines an underlying need. Durable change happens when the underlying need is addressed by using and building strengths, underscoring the importance for needs and strengths to be identified. Assessment accuracy deepens in the context of the relationship and continues throughout the service process.

When a family enters CYSOC services, they are being asked to undergo a significant life restructuring process. Without mindful attention to the psychological safety landscape, the child/youth and parents can find themselves in a state of fear and uncertainty as they seek to understand what the experience means to them. The human brain is a prediction machine; it registers safety only when it feels oriented and has enough understanding about what is happening to predict future events. Change activates the brain's threat-protection system, specifically the amygdala, known as the emotional center of the brain. Individuals with a history of excessive amounts of uncertainty may be in a hyper threat-protection state, where even minor changes can activate fear circuitry, decreasing access to the regions of the brain essential for awareness and regulation of emotion. Helping the family participate in assessment processes through the lens of their story, and self-assessment reduces ambiguity about what is being addressed and creates a shared understanding of a clear pathway forward.

Youth receiving services from multiple system partners will have assessment information that may vary in focus. It is important to integrate information from the variety of perspectives that exist within the partnerships serving a child, youth, and their family members.

SYSTEM PARTNERS

1. The Child Welfare assessment process is based in a family strengthening/prevention framework while investigating concerns about child safety, permanence and well-being. It includes identification of factors present within the family to mitigate risk and reduce trauma via entry/re-entry. When working with families of Indian children, it is important that the child's Tribe is involved early and throughout the process, ensuring the Indian child and family receives services that are culturally appropriate and relevant. Placement of Indian children is governed by ICWA.
2. Behavioral health assessment is a problem-solving process that integrates knowledge, clinical judgment, reliable collateral information (e.g. observation, semi-structured or structured interviews, third-party report), and testing procedures. This involves expertise in professional practice and considers the individual's unique history, culture, and diversity. The aim is to make decisions and recommendations for selecting appropriate treatment interventions and approaches.
3. Schools play a central role in a child/youth's healthy development. Identification of needs and strengths within the school environment are important to a comprehensive assessment. Academic achievement is important, but considering the behavioral, social, emotional and other aspects of school life are equally significant when completing a thorough assessment process. School assessment information must inform the team's planning, recognizing that stressors in other areas of life may impact academic performance.

4. Regional center provide diagnosis and assessment for regional center eligibility. Regional center eligibility requires a disability that begins before the 18th birthday, presents a substantial disability, and is expected to continue indefinitely. Early identification and intervention seek to mitigate developmental delays to the greatest extent possible. Involvement of the child's tribe, for an Indian child, is essential to coordinate services or supports from the Tribe's medical services provider, social services entity, or other programs.
5. When a youth has committed a crime, Probation assessments focus on identification of a youth and family's criminogenic risk factors to inform interventions targeted at increasing pro-social assets and lowering the risk of reoffending.

The identification of adverse childhood experiences and trauma is a critical aspect of the initial and ongoing assessment process due to the profound impact on behavior, emotional well-being, academic attainment, and developmental milestones of children and adults. Equally critical is assisting youth and family in identifying their strengths and understanding how these assets can mitigate adverse conditions. Practitioners must ensure that trauma exposure and responses are recognized throughout the service process and are not improperly labeled as a lack of cooperation or attributed to other misidentified motives.

Child and Adolescent Needs and Strengths (CANS)

The CANS is a state-required tool for Child Welfare and Behavioral Health, providing a shared, comprehensive summary of information about family well-being, safety, educational, social, behavioral, and various other needs. It must be used for any child, youth, and family receiving these services and can be helpful to all agencies serving the family. In a System of Care environment, the teams involved create and use the same, singular CANS, regardless of who or how it is drafted.

A certified practitioner initiates the CANS draft, gathering information collaboratively with youth and caregivers from a variety of sources. The CANS is finalized in consensus ratings by the CFT members at the start of service planning. Updates during the service process captures progress made and newly identified needs. CANS ratings must accurately reflect the shared collaborative agreement of CFT members. For families receiving services from other partners, the CANS should include information from those partners' assessment or screening processes.

CANS use supports prioritization of needs for collaborative decision-making, care coordination, and outcome monitoring through routine scoring revision. The use of an integrated cross-agency CANS process creates use of common language, supports shared understanding within the team membership, helps shared decision-making, and results in more comprehensive, integrated, and successful service plans.

Planning and Plan Implementation

Following the engagement and team building process, and with an authentic understanding of the family's needs and strengths as identified through assessment processes, the initial plan is developed by the team using a facilitated, collaboration-driven process, observant of the values and principles described in this ICPM. From this point, all decisions are made in the context of the CFT. The initial planning phase should be completed during one or two meetings that take place quickly (targeted within 2 weeks) after the initial intake process and the CFT is formed. A rapid timeframe fosters a shared sense of urgency, allowing team cohesion to develop and the group to collectively embrace the responsibility for achieving the team's mission.

Team trust and mutual respect grow during the formation of the initial plan of care. It is crucial that parents, children, youth, and tribal representatives feel consistently heard. The chosen initial focus areas align with the family members' desires, potentially addressing any that are legally mandated or ranked as priority by CANS scores. The goals and strategies are guided by family choices and preferences as well as the values and principles of ICPM practice. Individual team members are assigned tasks within the plan and the timeframe specified. Urgent safety plans may be developed even more quickly, sometimes before the first team meeting is convened.

It should be noted that not being heard, or seen as important, is a form of social rejection and a biological insult to esteem. When others' voices are considered more important than the parent or youth voice, the pain networks set off a cascade of stress-related neurochemicals, such as cortisol and adrenaline. These chemicals shut down the learning centers in the brain. When their voice is not acknowledged in the planning process, individuals may feel less confident, potentially leading to resistance or disengagement. The opposite occurs when the reward networks in the brain are triggered. When a child, youth, or parent feels that team members regard them highly, they can then perceive themselves more highly.

Successful planning necessitates a shared, precise understanding of the needs and goals. Goals should be measurable and outlined within a realistic timeframe, acknowledging the incremental nature of change. Strategies tailored to individual strengths, interests, or preferences are more effective than generic approaches. The wording of goals in service plans should reflect ICPM based principles and values.

When choosing intervention strategies, participation in activities and resources that can be used by anyone in the community should be preferred over formal services and resources if similar outcomes can be achieved. Multiple options should be generated and considered before making decisions. Prevention services offered in the community or at school may be useful resources; the resources and support that can be provided by educational partners and others should not be overlooked. Involving tribal resources for Indian children enriches the cultural context of the child's identity in addition to meeting the active efforts standard required by ICWA. If the team is unable to reach a collaborative decision in developing the integrated plan and its strategies, the team should use the conflict resolution process identified in their team agreements. With rare exception, (e.g. mandated reporting), decisions should reflect the collaborative agreement and support of all team members.

Monitoring and Adapting

Throughout the CFT process, team members collaborate to ensure the integrated plan is effective and the progress is ongoing. They develop and provide access to needed services and resources, monitor the child, youth, and parent's progress and adapt the plan based on shared learning. A growth mindset, where change is perceived as a challenge that is met with persistence and a willingness to learn, activates the learning and reward centers in the brain. A setback is viewed as an opportunity to learn and grow rather than as a threat. Instead of evaluating a situation as too hard, they consider there is another strategy that has not been tried. This mindset keeps the emotional center (amygdala) in the brain calm and under control. The practice of monitoring and adapting reflects a growth mindset in action and is associated with resilience and well-being.

During this phase, successes are celebrated, and progress is continually reviewed, all while building and maintaining team cohesiveness and mutual respect. As initial goals are met, new goals are prioritized and added to the plan. The revised plan is implemented, and the process is repeated until each of the family's goals for change are met, ongoing resources and support are in place, and the team's mission is substantially achieved. Updates to CANS scores occur routinely as part of the monitoring process.

Transition

The focus on transition is continuous during the service process, evident even during the initial engagement activities. Transitions happen as issues are resolved, emerge, or are prioritized; or when team members are added to or leave the team.

A purposeful transition out of formal services is the goal of service provision and planning. It should not be taken lightly or as the result of time pressure. The team should decide when transitions occur. Maintaining trusting relationships and empathic attunement during transitions supports the biochemical environment required to promote positive neural plasticity, creating new neural networks that reflect being important and safe in the world.

Transition planning may involve a mix of formal and natural support, ensuring access to services for continuing needs. When all formal services draw to a close, the family should be able to manage planning and monitoring independently. Effective transition management requires that professionals stay engaged with the child, youth, or family until ensuring that continuing and new providers and natural supports are fully established.

It is crucial to recognize that while the practices and behaviors listed here are in a somewhat linear order, practice occurs in a concurrent and dynamic fashion.

Core Practice Behaviors for Direct Service Staff

These practice behaviors are grounded in an understanding of the neurobiology of social interactions, recognizing the primal needs of the human beings seeking meaningful change. Practitioners must cultivate self-regulation through mindfulness and attunement to their own physiology for effectiveness. More specific information about the neurobiology of practice behaviors will become available as it develops. Each of the following behaviors addresses one or more of the neurobiological social needs of the family members.

Engagement and Teaming

Be open, honest, clear, and respectful in your communication to and about parents, youth, and children.

1. Demonstrate empathy consistently throughout the relationship; use words and body language that demonstrate your accepting and affirming approach to understanding the family and their story.
2. Be transparent about your role, responsibilities, and the expectations of your agency. Do not distance yourself from relationships by referring to the actions or decisions you make within your role as "the department's" decision.
3. Explain the service process to the members of the family, including their role as equal partners in the planning and decision-making process, and the formation of the Child and Family Team or other system teaming processes. Explain what collaborative decision-making means, and the importance of their own choices and preferences in that process.
4. Be transparent about the role of the court and identify any additional involved agency or service providers, as applicable.
5. Ask about and/or confirm whether the child or youth is of Indian heritage and if yes, identify the tribal connection; discuss the requirement to bring a tribal representative onto the team and why.
6. If children must be removed from their family of origin's home, ask parents and tribal representatives as applicable, who they recommend care for their child on an emergency basis or for longer placement. Be transparent that services to make and finalize a permanent placement for the child will be provided concurrently with services to reunify the family just in case efforts to reunify are not successful.
7. Use a translator, interpreter, or cultural broker whenever language or cultural barriers exist or are indicated; do not use children in those roles. Pay attention to family relationships and gender in the cultural context.
8. Ask people how they prefer to be addressed, and address individuals by the name, title, and pronouns they request.
9. Use person-centered language, avoiding communication to or about parents, children and youth as a "case" or a "client".
10. Use age-appropriate language that everyone can understand and confirm with family members that your communication meets their needs. Ensure literacy needs related to written communication or forms are addressed as needed. Avoid the use of acronyms and fully explain them to the team when they must be used.
11. Be open, honest and direct about the facts of safety threats and/or other circumstances that brought the family to the attention of the convening agency. Avoid implicating anyone else as the source or cause of concern.
12. Look for, and admit, your own biases, missteps, and mistakes when they occur, making corrections as needed.

Listen to the child, youth, parents, and others who have responsibility to take care of a child or youth and demonstrate that you care about their thoughts and experiences without judgment.

1. Ask parents and family members to tell the story of how they came to be in their current situation, including what's worked well for them in the past, and what strategies they have used to survive what has happened so far.
2. Encourage, and support youth and/or parents, to take accountability for the actions or concerns that precipitated their contact with the public service agency including any necessary changes required to address those actions or concerns so they can achieve the future they envision.
3. Use trauma-sensitive language when talking with children, youth, and parents so they feel heard and experience that their information is being used to understand their circumstances without judgment.
4. Begin to identify actual or suspected trauma exposure while hearing the story.
5. Ask questions that encourage exchange; work to build relationships that support the development of trust.
6. Continually identify the strengths and needs of each individual family member.
7. Be responsive to each person's temperament, learning style, motivation, gender, neurodiversity, and culture throughout the service process. Be aware of and use culturally appropriate etiquette; if you do not know what that is, ask the family members.
8. Listen attentively and use language and concepts that the parents, youth and other team members have used.
9. Reflect what you've heard so the child, youth, and parents can know that you understood them, or can correct what may not be accurate.
10. Demonstrate your understanding that engagement is a continuous process that lies at the heart of this practice model and recognizes that parents and youth are the best experts about their own life and story.
11. Strengthen trust by ensuring that children, youth, and parents know that what is said in therapeutic settings is kept confidential unless there is specific permission to share; when content arises that is important information for the team, support appropriate sharing by the individual; be sure they know this does not apply to situations requiring mandated reporting.

Help the parent and youth describe their vision of a better life.

1. Help family members articulate what life would be like if it was better. Ask questions that will help to make it more concrete and understandable by others. Let them know that this will help prepare for the process of setting a mission for the CFT.
2. Demonstrate your interest in learning about the family and their culture, community, tribe and other support systems.
3. Convey hope and express belief that all people can make changes and achieve success, and that all families have the capacity to safely care for and nurture children and youth with the right support.
4. As you learn about the child, youth, and parents, identify what their most pressing concerns are and make sure those needs are prioritized early in the planning process, demonstrating that you have heard and understood what is important to them.
5. Describe strengths in functional terms that family members can recognize as resources they have to complete their plan.
6. Help the family understand how trauma experiences impact development over a lifetime and can sometimes unconsciously drive behaviors that are a method for the child, youth or adult to feel in control of their environment, even when that control has negative consequences.
7. Consider the circumstances and generational impact of historical trauma on people of color and other marginalized groups.
8. Recognize that proactive engagement is the responsibility of the provider(s) and utilize resources such as the tribal representative in the case of an Indian child, parent and/or youth partners, or other members of the team to assist in the engagement process.
9. Support and facilitate the family's capacity to advocate for themselves. Provide opportunities for children, youth, and parents to actively share perspectives and goals, consistent with their culture, choices, and preferences.
10. Prepare the child or youth and parents to participate in meetings or hearings where decisions are made so that they can speak for themselves; develop agendas for CFTMs with the family in advance.

Work with parents, youth, tribe, and community to build a supportive team.

1. With the youth and parent's collaboration, ask their community members, tribal connections, and others to serve as team members as early as possible. The family must agree to who becomes a member of the CFT, except regarding an Indian child where the tribe must be included as a matter of compliance with legal requirements, as well as professionals required by the court.
2. Explore how culture and preference might affect team development and the teaming process.
3. Show deference to tribal and community leaders. Involve them as cultural experts and natural support persons.
4. If the family objects to individuals who may be required to be on their team by law, explain that including them may be the quickest way to address legal or court concerns. If they continue to object, they may choose to decline services, and accept the consequence of that decision.
5. Ask throughout the youth and parent's involvement if they would like the support of a parent or youth partner on their team. If yes, ensure one is provided.
6. Support parents and youth to decide how much, and what information they want to share with team members, ensuring they understand the benefit of an informed and integrated team approach whose members commit to holding their information in a confidential manner.
7. Facilitate the process for authorization to disclose information and obtain consent for treatment, as appropriate and necessary. Ensure proactive completion of required forms and documentation to expedite access to services.
8. Facilitate early and frequent sharing of information and coordination among parents, caregivers, school, agencies, tribes and other partners who are members of the CFT.
9. Facilitate development of a mutually supportive relationship between the parents and resource caregivers when family reunification is the goal.

Identify and engage family members, tribes, and others who are important to the child, youth, and parents.

1. Search for all family members, including fathers, mothers, and paternal and maternal relatives through inquiry, early and ongoing Internet search, and review of records to maximize the opportunity to find alternative permanent placements as part of concurrent planning.
2. For an Indian child, involve their Tribe as early as possible to bolster active efforts to maintain the child in his/her tribal home and community.
3. Work quickly to establish paternity, as necessary, and facilitate the child or youth's connection with fathers and/or other paternal relationships if they are not already involved.

Demonstrate the skills and behaviors your role requires to fulfill your role as you facilitate and participate in the team process.

1. Routinely assess your own knowledge and competency levels, including evidence-informed or evidence-based practice areas.
2. Model accountability and trust by doing what you say you're going to do. Be responsive (including returning calls, texts, and emails), be on time (submit reports on time; be on time for appointments) and follow applicable laws, regulations, and practice guidance.
3. Facilitate and/or participate in the collaborative development of shared agreements for meeting participation and process, including a defined method to reach decisions. Review and revise team agreements as needed at the start of every meeting.
4. Determine meeting frequency consistent with the intensity of identified needs, and at times and locations that are convenient and conducive for the family and non-paid members of the team. When working with an Indian child, consult with the child's tribe about meeting in a location that is accessible or preferred by the tribe.
5. Start every meeting with an agenda review, revisit shared agreements to make sure they are working for everyone and celebrate a quick summary of what's working since the last meeting.
6. Make sure team members have the information they need to make informed decisions and to review the effectiveness of plans.
7. Ensure that system resource constraints are identified so advocacy or alternative resources can be explored when necessary.
8. Recognize and celebrate success and contributions.
9. Help the team to recognize the value of learning from mistakes when strategies are not successful.
10. Expect all team members to be accountable for what they say and do within the CFT process, consistently demonstrating that the purpose of the team is to collaborate in getting things done that are helpful to the child, youth, and family members in achieving their goals.

Assessment

From the first conversation and throughout all work with the child, youth, parents and team, engage in initial and ongoing formal and informal assessment of safety and risk, trauma, and planning for permanence and stability.

1. Explain assessment processes to the child, youth, and family so they know what to expect. Check in early and often to be sure they understand the differences in assessment processes used by each child serving agency involved so there is a clear understanding of who is doing what and why.
2. Explain how the CANS will be used to integrate all of the assessment information into a summary that can be used by the CFT to help identify and prioritize actionable items, and to track progress over time.
3. Talk to each child, youth and parent about their worries, wishes, where they feel safe, where they want to live, and their ideas about permanency and stability for themselves and/or for their child or youth. Support incorporation of those perspectives in the mission of the team and in the elements of the plan.
4. Ask family members what is working well and what they see as the solution to the circumstances that brought them to the attention of the initial convening agency.
5. Use the child, youth, and parent's cultural lenses to understand the information gathered.
6. Help the child, youth, and family understand that child safety, community safety, and criminogenic risk factors are non-negotiable areas of concern for the duration of child welfare and/or juvenile probation involvement, as applicable; check in early and often to be sure they understand what that means. Be sure that all members of the team understand the responsibilities of mandated reporters.

Participate in a comprehensive, integrated assessment process that helps the family members to identify their own needs and strengths. Ensure that each involved organization responsible for assessment and care coordination has access to the full range of information needed to create a comprehensive picture.

1. Where information is protected by confidentiality law/regulations, ask for releases to develop a fuller picture of needs and strengths and other information that will be helpful in providing effective, coordinated care.
2. Ensure that a behavioral health screening has been provided to all children and youth. If the behavioral health screen is positive, ensure that a thorough psychosocial assessment is provided to evaluate the status of a child's mental, emotional, or behavioral health; update based on new information.
3. Evaluate school performance and educational achievement to ensure maximization of resources available in that setting to support academic success. For pre-school children, ensure a developmental screening has been completed.
4. Identify child/youth's self-protective or self-defeating behaviors that may create barriers to permanency, successful development, and academic achievement. Ensure a functional assessment is conducted to identify the specific function and reinforcing properties for those behaviors and use that understanding to develop individualized plan strategies.
5. Identify parent/caregiver self-protective or self-defeating behaviors similarly. Ensure they have access to and receive services and support as needed.
6. Identify how the youth spends free time to evaluate what additional structure and resources may be needed to build strengths. Accommodate individual interests and preferences.
7. Complete the CANS with the members of the CFT, ensuring differences in perspectives are resolved with shared understanding so that scores reflect authentic collaborative agreement of the participants in a single plan. Parents, youth, and tribal representatives, in the case of an Indian child, must be included and actively engaged in the development of the CANS scores. Child serving cross-system coordinators, providers and professionals should additionally be included in the CFT and developmental CANS.
8. Update CANS when the family faces new challenges, when safety concerns arise for the child or other family members, and when reviewing service effectiveness and progress on plans.
9. In the course of on-going assessment, identify specific concerns wherein additional resources may allow the child or youth to remain with their biological, adoptive, or guardianship family including permanency and post-permanency services and supports. Ensure that active efforts are made to keep Indian children with their family and connected to their tribe.

Planning and Plan Implementation

With parents, children, youth and their team, develop an initial plan that focuses on priority needs that brought the family to the attention of the service agency or agencies; utilize trauma-informed approaches to assist the child, youth, and family to achieve safety, permanency, school stability, and to heal from trauma experiences.

1. Ensure that current or predictable safety threats are addressed with a specific and timely safety plan.
2. Discuss assessment findings and CANS scoring; as needed, facilitate conversations to resolve any remaining differences in perspectives about scores.
3. Prioritize issues to be addressed, taking the most urgent items first (e.g., child safety, community safety, basic needs for food, clothing, shelter, medication, court orders, school attendance and achievement), as well as those deemed most important as defined by the child, youth, and parents. There should be alignment with the collaborative CANS scoring by the CFT.
4. Support the family's participation in development of their plan, including how to address issues that may be non-negotiable due to court orders or other circumstances related to safety, illegal behavior, permanency needs or tribal involvement.
5. Ensure that a single, integrated CFT plan maximizes the collaboration and coordination of goals and intervention strategies across service systems, with defined outcomes, strategies, and timelines for activities.
6. When looking for strategies to accomplish goals and build strengths, facilitate or support the generation of multiple options for consideration, so that the opportunity for choice is available to the child/youth and parent.
7. Prefer strategies that use informal resources and activities available in their home, community, and tribe as long as the outcomes achieved are expected to be comparable with more formal resources.
8. Demonstrate respect for the diverse experiences, customs, and preferences of each individual. Support the team to identify and include culturally appropriate and specific services, supports, traditions, and interventions that address child, youth and parents' unique needs, even if this means implementing interventions that may be unfamiliar to some members of the CFT. For Indian children, utilize tribal resources in plans and services whenever available to support active efforts and maintain connection with the tribe.
9. Seek to build needed strengths and resources when they are not evident or being used.
10. Support and encourage the child, youth, parents, tribes, and CFT members to follow through with plan assignments by demonstrating interest and offering practical help.
11. Recognize that school stability is a primary need for children and youth, and especially if placement permanency is not yet achieved.

Work as a team to address the evolving needs of the child, youth, and family.

1. Assign and/or accept specific roles and tasks and agree to be held accountable by the team.
2. If there is a failure in follow-through on assigned tasks, seek to understand what may have gone wrong and refine the plan and assignments based on that learning.
3. Explore what roles team members or others can play to strengthen child safety, home, and school stability and to support the family in achievement of their goals.
4. Use the agreed method in the shared agreements to resolve conflicts within the team.

Work collaboratively with community partners to create better ways for children, youth, young adults, and families to access services and supports.

1. Actively seek and engage supports for children, youth, and family members in their community and with their tribes that can build and reinforce desired behaviors.
2. Build directly on the strengths and interests of CFT members to build bridges to helpful resources.
3. Support and enhance juvenile court practice by providing guidance and input to advance the use of evidence-based, family, youth, and tribal-guided practices in crafting expectations, requirements for treatment, and intervention plans into applicable court orders.

Monitoring and Adapting

Plans include goals, strategies, and interventions with observable measures and timelines. Plans are monitored and revised as needed by the CFT to ensure that successful outcomes remain the focus.

1. Meet on a routine basis consistent with the intensity of identified need, to monitor progress within plans and with careful attention to defined timelines.
2. Celebrate successes and build on strengths, accomplishments, and preferences.
3. Revise plans that are not successful in producing the desired outcome, evaluating, strengthening, and changing plans based on learning what worked and what didn't.
4. Adapt services and supports to meet changing family needs based on ongoing assessments, progress toward goals, and decisions made by the family members and their team.
5. Ensure that interventions support the child in their home setting, including bio, kin, tribal, or resource family homes.
6. If placements are made outside of the biological home, support achievement of reunification whenever possible, or permanency, at the earliest possible time.
7. Use effective adoption, permanency, or tribal customary adoption interventions that address emotional needs that can form barriers to achieving permanency.
8. Be sure that when working with high risk, multi-agency involved children and youth, the CFT and team process ensures increased coordination and shares risk among partners.
9. Support youth and family members to practice new skills and behaviors that they may be learning from other service providers; provide positive reinforcement for prosocial attitudes and behavioral change wherever you observe them.
10. Demonstrate engagement, persistence, and active efforts. Do not give up when challenges occur. Team members agree to work through difficulties and make changes in the plan until success is achieved.

Transition

Work with the family to prepare for change in advance whenever possible to reduce the stress from the transition.

1. When it is known that a member(s) of the CFT will change, work with the team to plan how to support the new member(s) to come up to speed quickly, to understand their role on the team and its mission, and what has been accomplished.
2. When that is not possible, the facilitator should take responsibility with the new member outside of the meeting structure to help them understand what is going on with the team and the shared planning process. When any new member joins, conduct intentional trust-building and level-setting activities with the team.
3. If the team plans for a temporary placement in an STRTP, ensure the CANS is updated and consents and other required documentation is completed before the transition happens.
4. If placement, school enrollment, or permanency plan changes are suggested, ensure that the CFT agrees, and proactive safety and support plans are developed to ensure successful transition.
5. If the team recommends that a youth be placed in a STRTP, ensure that consents and authorizations are completed before the youth is placed and that the latest CFT plan is made available.
6. If placement requires a change in county geography, ensure that health and education records are available to the new school and the host county behavioral health authority. If the placement is to a new county and regional center services are involved, check to be sure that the appropriate regional center is aware and has been invited to participate in CFT meetings.

As plans and strategies are successful, needs are addressed and strengths and resources increase, planned services and activities are reduced or eliminated.

1. Teams recognize and celebrate successes throughout the service process to build and support confidence that change is achievable and sustainable.
2. As needs are met and strengths are built, team efforts address the next highest priority issues, until actionable items initially identified by CANS as 2 or 3 are scored as 1 or 2 in subsequent updates.
3. Parents and youth may begin to take the lead in planning, monitoring, and adapting plans and strategies as they become confident and skilled in the process.
4. The roles of child welfare and other professional services are reduced over time, with an increased role for the family's social network of, natural supports, tribes, and community resources to help the family build their continuing support system.
5. Service is complete when the CFT agrees that formal CFT meetings are no longer required. Referrals for continuing care or supportive resources should be in place and working before the transition is complete.

Leadership Behaviors for System of Care Leaders

Creating and managing a healthy and supportive organization is the role of leadership. Direct service professionals cannot be expected to produce positive outcomes in organizational structures that do not reflect the same values and principles they are expected to demonstrate.

The following behaviors are invited within the roles of executive, senior, managerial, and supervisory leadership as they build and manage a Children and Youth System of Care capable of producing healing outcomes for children, youth and families. Creating an aligned Children and Youth System of Care requires attention not only to one's own agency but also to those of partners-creating a cohesive network of meaningful services for the community. While large and complex organizations require clear structures, procedures, and expectations, they also require attention and reasonable flexibility to accommodate the human beings who work there.

Humans are fundamentally social beings with essential workplace needs crucial for success. Effective leadership practices require a deep understanding of the neurobiology underlying social interactions, ensuring the success of efforts to establish a proficient Interagency Leadership Team. Within each organizational partnership, the fulfillment of primary social needs for staff engaged in enhancing the well-being of children, youth, and families should be carefully acknowledged and incorporated into organizational structures, emphasizing shared accountabilities. Further insights into the pivotal role of neurobiology in successful leadership are available.

Leadership levels in organizations span a variety of roles and responsibilities. These behaviors should be viewed in the appropriate context for the role and responsibilities of the position.

Maslow's Hierarchy Adapted to Needs At Work

Engagement

Be honest, clear, and respectful in your communications internally and externally

a. Use words and body language that demonstrate an accepting and affirming approach; be aware of culture-based etiquette to avoid misunderstanding.

b. Be authentic in interactions and relationships. Do not distance yourself from relationship with staff and partners by referring to decisions you make as "the department's" decision.

c. Use person-centered language; avoid communication to or about parents, children and youth as a "case" or a "client" and expect the same from your team.

d. Call individuals by their preferred name and use the pronouns they prefer. Avoid referring to people by the group they represent.

e. Communicate without blame or shame, recognizing that most often people do their best.

f. Seek to understand what went wrong if expectations were not met so that steps can be taken to learn what might work better.

g. Be transparent with staff and partners about what can or cannot be accomplished, and why.

h. Manage complaints and problems in a transparent and timely process of inquiry that includes initial acknowledgement and listening to those involved, identifying others who may need to be included, and reviewing data and other information to make balanced assessments and responses, with shared expectations about follow-up activities. Provide regular updates on findings and action steps to build and maintain trust.

i. Develop and use a communication plan for ongoing dialogue with agency/partners/direct reports and ensure clear, frequent communication to the whole Children and Youth System of Care and other stakeholders.

Create and ensure a learning-centered environment

a. Support a consistent multi-systemic perspective within your organization, building interagency and tribal relationships, and openness to innovative approaches intended to make all youth and family work more efficient and effective.

b. Demonstrate a commitment to the professional development of staff by supporting a range of opportunities to gain knowledge, skills, and abilities that enhance integrated practice principles and behaviors and build family-centered care.

c. Include expectations for field-based observation by supervisors/managers to ensure opportunity for coaching and more in-depth on-the-job training for direct service staff.

d. Seek to ensure that mistakes or failed efforts are seen as opportunities to learn and grow so that team members are thoughtful in identifying risk, and can take reasonable risks without fear of reprisal.

e. Support the development and delivery of an integrated training curricula and training experiences for cross-agency and other stakeholders to support shared understanding and build relationships. Resist silo-based staff development experiences except for discipline specific topics (e.g., Medi-Cal documentation; court reports or other regulatory required documentation).

f. Foster leadership by staff at all levels, supporting developing confidence in the skills of the practice model.

g. Provide opportunities for leaders and staff to take on assignments that demonstrate their skills and abilities to a wider audience, such as meeting with community stakeholders to describe ICPM, or mentoring new peers to the practice model.

Demonstrate authentic empathy for peer agency leaders, staff, children, youth and parents

a. Acknowledge emotional content when listening to the thoughts and experiences of others participating in the implementation of the ICPM and demonstrate non-judgmental understanding and compassion.

b. In interactions with staff, peer leaders and others, seek first to genuinely understand their perspective before asserting your own truth.

c. Find consistent, tangible ways to provide support and encouragement, listening to staff and partners at all levels in the organization to hear their concerns/worries and ideas about implementing, supporting, and sustaining the model.

d. Focus on strengths and assets

e. Model a strengths-based communication approach to motivate, encourage, and recognize staff and partners' implementation efforts.

f. Demonstrate respect and deference to Tribal and community leaders, recognizing the knowledge and wisdom they offer through their representation.

g. Value community assets by utilizing contracted service providers that are aligned with ICPM practices and behavioral expectations, including tribal and other culturally specific providers.

h. Ensure that the Interagency Placement Committee process and communication demonstrates a celebratory, strengths and assets-based approach to its work, including recognition of culturally aligned resources and requirements as options to placement in congregate care.

i. Provide opportunities at the Interagency Leadership Team (ILT) and staff meetings to share successful outcomes of service delivery, recognizing the skills and values demonstrated by staff.

j. Celebrate the successes of system partners within the ILT, your organization, and in other external communication.

Teaming

Build partnerships

a. With Children and Youth System of Care agency partners, use the MOU between agency, educational, organizational partners, and tribes to actively establish and facilitate aligned pursuit of the ICPM, and to develop and support effective community-based services and supports including cultural and educational resources for families and youth.

b. Collaboratively develop policies and processes that facilitate and promote teaming within and across organizations, with community-based agencies and tribes, and with other external community partners.

c. Ensure and promote strong relationships between county human service departments, the county office of education, local schools, tribes, regional centers, and community provider organizations.

d. Ensure management or senior agency staff regularly meet with county management and the Juvenile Court to raise awareness and understanding of the ICPM and identify actions they can take to support implementation and use of the ICPM by teams.

e. Make regular use of opportunities to establish and facilitate awareness and support with other divisions within your respective agency (fiscal, human resources, etc.) to align their work to ensure desired implementation, support and sustainability of the ICPM.

f. Specific to but not limited to tribes, require, ensure and support formal and informal partnerships that result in alignment with tribal preferences and that honor and utilize the resources and strengths of tribal culture.

g. Engage with peers from other counties to share best practices and to develop solutions to shared problems, supporting common state-wide practices where appropriate.

Model inclusive and shared decision-making within your agency and across system partnerships to support effective implementation and support for the ICPM. Involve staff and partners in implementation and system improvement efforts

a. Meet regularly with the ILT, department leadership, staff, tribes, community providers and organizations and others to gather information, listening to understand perspectives with sensitivity to sometimes divergent needs, and demonstrating willingness to change your position based on information you are receiving.

b. Use focus groups, supervisory processes, surveys, and community meetings as sources for information.

c. Pause and reflect before making organizational decisions, as to whether a partner agency's leadership team, tribes, or other community partners should be informed or consulted before making your decision.

d. Engage staff and managers at all levels to identify ways to improve system efficiency and effectiveness, and to remove barriers that inhibit implementation of fidelity practice.

e. Establish communication structures and provide factual, data-based information to reinforce ICPM behaviors and values and foster open and bilateral feedback for staff and others regarding system progress including the outcomes achieved for children and families.

f. Involve system partners, including tribes and community-based organizations, to establish clear and measurable agency and system goals made actionable through agreements and the use of the Interagency MOU.

g. Provide transparent access to available data that will assist staff and system partners to make informed decisions and improvements.

h. Consistently monitor challenges and successes.

Share and leverage resources across the Children and Youth System of Care to maximize the potential to better serve children, youth, parents, and the community

a. Consider how the use of the Interagency Placement Committee process can be used by all Children and Youth System of Care partner agencies to make resources available, coordinate care and align services that keep children at home and in school wherever possible.

b. Recognize that challenges presented by partner agencies often reflect unmet agency needs and that your department's resources may be useful to meet shared objectives.

c. Demonstrate willingness to share resources and responsibility for all youth, regardless of legal responsibility.

d. Where possible with the ILT, consider and develop measurable plans to realign existing resources to support the system as a whole; ensure that key components of existing and new initiatives among the partners are congruent with, and integrated into ICPM planning and implementation.

Accountability

Hold self and others to shared accountabilities

a. Use the Interagency MOU to authentically create a local Children and Youth System of Care that achieves the vision of a trauma-informed system of services and resources for children, youth, and parents, strengthening families and communities and supporting the positive development of children to become healthy and successful adults.

b. Use Interagency Leadership Team meetings and processes to model desired behaviors for partner leaders, building trust and positive regard among the members.

c. Use the dispute resolution processes within your Interagency MOU to solve shared challenges, collaboratively and respectfully.

d. Identify and implement agency specific and system-wide tools that capture data to monitor individual, team, program, agency, and system level outcomes (including but not limited to, dashboards, standardized data elements and reports, satisfaction surveys).

e. Share tools, data, and reports among all system partners, including tribes, schools, and community-based organizations who provide services for children and families, to increase and support a culture of system-wide accountability.

f. Include practice behaviors in professional development goals, coaching and mentoring activities, performance evaluation, and any necessary progressive discipline, to the greatest extent possible across the Children and Youth System of Care.

g. Ensure staff understand the link between the ICPM and what is expected of them in their day-to-day work.

h. Use supervision and coaching, including in-the-field observation of direct service staff, to ensure work practices demonstrate fidelity to the ICPM.

i. Accept personal, agency and interagency responsibility for the successful implementation of the ICPM.

j. Demonstrate willingness to learn from shared successes and failures by routinely evaluating and revising the local Interagency MOU, as necessary.

Monitor organizational and practice effectiveness

a. Develop and ensure thoughtful and consistent processes to evaluate the implementation of the ICPM, model fidelity in various settings and the effectiveness of the service process. Include the capture and monitoring of data to ensure and support compliance with required active efforts regarding Indian children.

b. Engage stakeholders, including tribes, in data collection and evaluation efforts.

c. Ensure that the collaborative team-based processes for planning and transition points within the service delivery system monitor and address equitable access and disproportionality in system services.

d. Identify and implement transparent processes to monitor program and organizational effectiveness using defined aggregate data at the appropriate level.

e. Using Interagency Leadership Team processes, and outcomes from the Interagency Placement Committee, identify and implement a transparent process to monitor practice model fidelity and service effectiveness across the system.

f. Ensure service delivery across partnerships is aligned, including in court reports or other documentation, as the result of strong communication and pre-work with youth, parents, and tribes, and across provider organizations.

g. With system partners, collaboratively gather information from staff and families about the quality and satisfaction with services provided. Ensure the information collected allows for evaluation of fidelity to the model and effectiveness of the ICPM process requirements including engagement, teaming, assessment, planning, monitoring and refinement of plans, inclusion of natural and community resources and transition plans, and compliance with statutes related to working with tribes.

h. Monitor the fidelity and outcomes of ICPM implementation plan(s) and adjust the plan(s) as needed.

i. Review work quality through individual supervision meetings and other tools (e.g., tracking logs or CANS data).

04

Implementation of a Trauma-Informed and Healing Centered System of Care

for Children and Youth

As California's counties work to implement an integrated, trauma-informed Children and Youth System of Care, the values and practice behaviors of this ICPM offer practical guidance. Implementing an Integrated, trauma-informed Children and Youth System of Care and the practice behaviors of this ICPM is imperative to implement all related reforms. Implementation science has demonstrated that it takes the identification and installation of effective practices with methods to assure model fidelity, paired with clear and consistent leadership, to achieve the positive desired outcomes of practice change.

Local Children and Youth System of Care Leadership

Each county's System of Care Interagency Leadership Team (ILT) is collectively responsible for ensuring their local MOU captures the intent of partnership to serve its children, youth, and families using an integrated, efficient, and effective approach to heal the impacts of trauma and improve the outcomes of publicly funded services. Principled ILT processes, anchored by the leadership behaviors described here, can ensure that each of the local system partners is focused on effective practice and teaming as described in this ICPM. Competition for limited resources and control can give way to cooperation and shared success when led and modeled by system leaders. Additionally, leaders must pay attention to the same neurobiological principles that govern social relationships that are described earlier in this document.

Relationships Matter

Constructive, collaborative, and accountable organization and leadership relationships are essential to support the development, implementation, and management of the Children and Youth System of Care. The evolution of effective services requires aligned policy development, and resource allocation throughout the system to improve outcomes for each of the participating organizations. The commitment to get to know each other, to develop mutual trust, and to create and support a shared vision and mission demonstrates awareness of the universal neurobiological social needs of all humans and is critical to enhancing the effectiveness of the whole Children and Youth System of Care. Leaders of Systems of Care are invited to care about one another, and in doing so, create a collective source of understanding and compassion that sustains the shared process and outcomes.

Executive leaders and managers hold responsibility to ensure the development and maintenance of a healthy, trauma-informed workforce that is well-trained, coached, and supported to deliver effective services and resources. They must support and provide opportunities for the development of mindfulness within the workforce to allow access to higher level decision-making within work processes. Critical thinking involves the evaluation of information without bias from previous experiences and is the opposite of mindless automatic responses. Automatic responses come from regions of our brain that are below conscious awareness where hard-wired habits are stored. When automatic areas of the brain prevail, openness to new information and awareness of more than one perspective is diminished, and critical thinking cannot be accessed. See the article Mindlessness - The Invisible Line Item in Your Budget on the CDSS ICPM Webpage.

System Collaboration

Installation of new practice models and programs typically occurs in stages and often takes years to refine and complete. Change in practice expectations for services intended for children, youth, and their families has been underway for several years, as summarized in the introduction of this manual and evidenced by state-wide requirements for CFTs and the use of the CANS.

The importance of access to information becomes more critical with the integration of multiple partnerships as required by the Children and Youth System of Care legislation. Information sharing and accountability expectations must cross the usual organizational boundaries of governmental departments when required to ensure efficient and effective services that meet the needs of a county's population.

Each county's ILT process, as described in their MOU, supports effective teaming strategies to ensure the availability of the financial, organizational, and human resources required to support direct service staff system-wide.

Examples include:

- The sustained use of a shared leadership structure comprised of the county's departmental and county education and regional center decision makers, who with other community advisors including tribes, providers, and other advocates, work to develop and communicate a shared vision and mission.
- The commitment to collaborative development of policies and processes at state and county levels that support model adherence, provide ways to avoid duplication and resolve conflicts for involved agencies and service partners.
- Cross-system training opportunities that build a shared philosophy, knowledge, and language base for practitioners and managers, and support cross-system relationship development.
- Cross-departmental revenue sharing and planning processes that allow the county to effectively leverage local resources to maximize matching funds from other sources and flexibly meet program needs that achieve the greatest good for individuals and the community.
- Interagency Placement Committee and Qualified Individual care determination functions, which not only consider and review requests for STRTP-level services, but also provide all partners an opportunity to coordinate care and leverage their combined service and fiscal resources while addressing the needs of the individual child, youth, and family.

Collaborative leadership decisions must consider their organization's role, as well as the successful functioning of the system as a whole. Partners across systems, as well as staff within organizations, must respectfully engage each other with the intentional desire to build on shared strengths and to collaboratively address shared needs that promote child, youth, family, and community and system health, including prevention and early intervention. Risk, inherent in human services, is named, shared, and managed.

System organizational partners are wise to establish and share facilitative administrative structures and processes. This would allow partners to carry out evaluative functions for their organization and across the system, guiding decision-making within their organization, while making it possible to see the interconnectedness within the system as a whole, and potentially saving dollars that can be invested

elsewhere. They can amplify their ability to intervene with external systems to ensure that ongoing resources and support for ICPM practice are sufficient to assure fidelity. Youth, parents, tribes, providers, and community advocates can routinely participate with leadership in planning, training, and evaluation activities that support system effectiveness and equity, and harnessing the perspectives of those closest to the outcomes of the work.

The collection and analysis of shared data is needed to support informed decision-making, integrated quality improvement processes, as well as planning and resource management. Access to information is important in supporting achievement of desired outcomes at all levels of the system – practice, program, and system. Measures of access and equity, service quality, cost-effectiveness, and youth and parent satisfaction matter in efforts to ensure capability and stability across the Children and Youth System of Care.

Staff recruitment, hiring, development, and retention is a key administrative responsibility. Staff must be selected for, supported to develop, and later evaluated for competently demonstrating the principles and behaviors of the ICPM along with specific responsibilities of their position. This means that position descriptions and staff selection processes should include necessary personal characteristics along with education and experience. Individuals whose personalities and style preferences do not support partnership and shared decision-making power are not a match with this practice model. The Appendix contains additional information about selecting and supporting the staff to be successful in their role.

The Integrated Training Guide (ITG) is a companion document to the ICPM integral to the implementation of the ICPM and the Children and Youth System of Care. The ITG explains how to develop a robust, local, collaborative training infrastructure for trauma-informed practice as required under AB 2083. It addresses the process and content of training among the Children and Youth System of Care organizations and provides a blueprint for workforce development in a changing practice environment expected to honor the fullness of the individual, the diverse life experiences of children, youth, and families as embedded in their social and economic realities, and their desire for self-determination. The delivery of training topics to cross-system audiences supports consistent practice standards and values, and mutual goals for improving short- and long-term outcomes for individuals and families. These training environments, comprised of stakeholders from multiple sectors, help to inspire trusting relationships that enhance collaboration in the coordination of care and serve to cultivate a more compassionate, equitable, and effective service delivery system for California's children, parents, and families. The ITG also proposes a comprehensive array of training and coaching for leadership, practitioners, and other stakeholders which can inform local training plans, and includes roles for Parent and Youth Partners in the development and delivery of trainings.

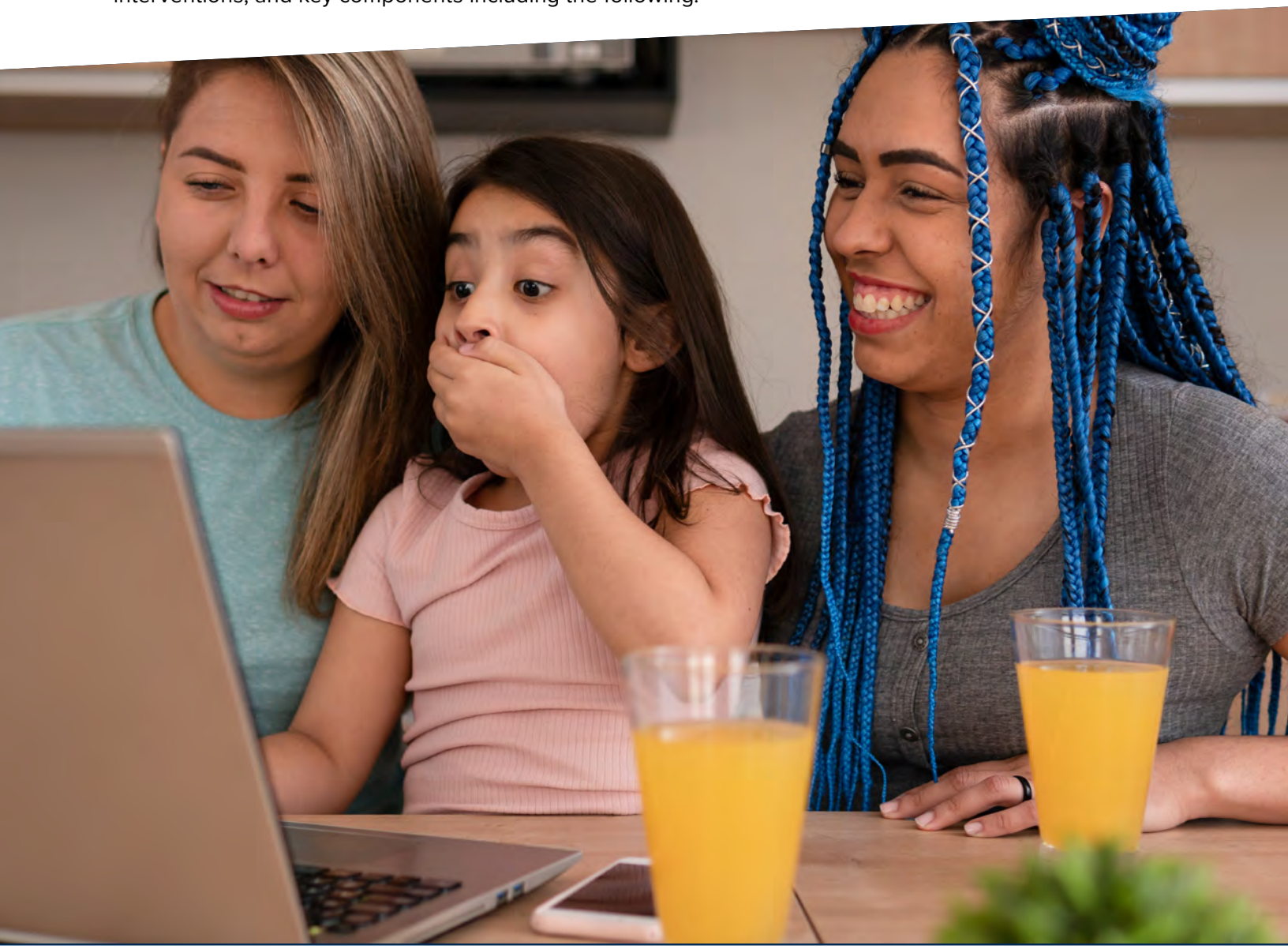
Leaders in publicly funded organizations serving children, youth, and families have a fiduciary responsibility to advocate for and responsibly manage available funds and resources. Interdependence among the departments and providers is healthy and necessary. It allows counties to reduce redundant and duplicative efforts wherever possible to save or redirect funds to address service gaps. It also allows decision-makers to gain a more holistic view of the unmet needs, the collective strengths, and resources available, and the impacts of service delivery across and among the partners in the Children and Youth System of Care, so they can be leveraged for greater impact.

Appendix A

Safety Organized Practice

Safety Organized Practice (SOP) is a collaborative, evidence-based, culturally responsive, and trauma-informed practice approach for child welfare that uses skillful engagement, meaningful partnership with families and their natural supports, and the development of plans that build on a family's strengths and supports to create behavior change within a family system to ensure child safety, permanency, and well-being.

SOP is used broadly across California child welfare agencies. It is aligned with the principles and practice behaviors of ICPM and provides concrete tools and strategies for child welfare staff to effectively practice engagement and teaming, assessment, planning and plan implementation, and transition with a family and their team, also known as their "safety network.". SOP enhances practitioners' skills in family engagement, rigorous assessment, and critical thinking to co-create sustainable safety, permanency and well-being outcomes with children, youth and their families. This approach has a distinct language, tools, strategies, interventions, and key components including the following:



ENGAGEMENT STRATEGIES

Engagement involves a process of authentic, transparent partnership and skilled inquiry to identify, assess and plan for the needs of the child and family. In SOP, engagement by a social worker is itself an intervention to help families think differently about their challenges and solutions and to move toward readiness for change.

These engagement skills and tools are the foundation for all other work in Safety Organized Practice. Specific engagement strategies in SOP include:

a. The Three Questions: What is working well, what are we worried about, and what needs to happen next?

b. Solution-focused questioning which helps practitioners and families focus on what is already working in order to help it grow.

c. Motivational Interviewing to help those who are fearful or reluctant increase readiness for change.

SAFETY AND PERMANENCY NETWORKS

A foundational tenet of SOP is that ensuring sustained child safety requires involvement of committed adults other than the caregiver(s) who are responsible for the harm or danger. A safety network is a group of family, friends and professionals who care about the child, are willing to meet with child welfare, understand the safety concerns, and are willing to do something specific that supports the family and helps to keep the child safe as long as needed. Safety network members may or may not be the same as members of the child and family team (CFT); the differentiating factor is that members of the safety network have agreed to a specific role to help support "in the moment" safety of the child/youth. Permanency networks for children/youth include individuals who will be part of ensuring lifelong connections, permanency and belonging when they will not be returning to the care of their parents. Network members can include extended family, friends, neighbors, tribal members, service providers and anyone else who can play a role in ensuring safety or permanency throughout the child's life, into adulthood, and regardless of child welfare involvement.

FACILITATED MEETING DIALOGUE STRUCTURE OR "SUPER 8"

This CFT meeting structure supports family engagement, shared understanding and collaborative decision-making. The meeting structure is sometimes called the "Super 8" as it has eight stages: Introduction/context, purpose/desired outcome, group agreements, network/team/stakeholders, content, brainstorming/ideas, next steps, and closing.

In SOP, the purpose of CFT meetings is to co-create agreements, decisions and behaviorally based plans between the child welfare agency, families, providers and other essential members of the youth's and family's support network. CFT meetings may be held to create a safety plan with the support of a network that will mitigate the need to separate a child from his/her family, to develop case plans, to circumvent or plan for placement changes, to plan for return home or case closure, or for any other need identified by the family or agency. CFT meetings are a core strategy of SOP and include development of a network of natural supports who will be a resource to the family/youth after formal services end.

TOOLS FOR SHARED UNDERSTANDING

Harm Statements and Danger (or Worry) Statements are a highly effective way of ensuring the agency, family and network are all on the same page about why the family is involved with child welfare. They are short, simple, behaviorally based statements that can be used to help youth, family members, collaterals and staff working with the family become very clear about why CWS is involved and what CWS staff worry may happen in the future if nothing changes.

1. Harm Statements define what past or current parent behavior negatively impacted (harmed) the child.
2. Danger Statements define what we're worried could happen now or in the future to the child if the parents' behavior does not change.

SAFETY GOALS

Safety Goals are clear statements about what actions the parent(s) will take to help everyone involved with the family know that the child will be safe and are developed from the Harm and Danger Statements. These statements and goals are collaboratively created by the team, using the family's own words, and based on shared understanding about why the family is involved with child welfare and what parent or caregiver behavior should change to ensure child safety.

SAFETY PLANS

Safety plans are short-term, behaviorally based action steps that specifically address identified safety threats to the child/youth by their parent or caregiver. When a safety threat is identified on the Structured Decision-Making (SDM) Safety Assessment, an immediate safety plan is necessary to resolve the safety threat in order to keep the child in the home. Safety plans are ideally developed at a CFT meeting held prior to child separation from their parents or immediately after emergency removal. Without a safety plan, the child will need to be separated from their parents or caregiver.

MAPPING

Mapping is a process that helps social workers, supervisors, families and the extended safety network to work together to evaluate the presenting factors, complicating factors, risks, acts of protection, strengths, and areas needing additional exploration, in order to make shared decisions about what needs to happen next to ensure the safety of the child or youth. Working together to sort information about the family's story into specific categories helps everyone understand worries/needs and what's working well/strengths related to child safety, permanency or well-being. Mapping helps the team know how worried to be, what needs to prioritize, and where to focus interventions. It is also used to assist youth and their team to identify permanency or independence goals, and next steps for a youth and their network.

BEHAVIORALLY BASED CASE PLANS

Behaviorally based case plans focus on specific, concrete strategies and actions to change the parent's or caregiver's behavior effectively and permanently with regard to its impact on the child or youth. For children/youth, case plans focus on the specific needs of the youth with regard to their safety, permanency and well-being. Plans are created in solution-focused conversations with parents, children/youth and their team in the context of a CFT meeting.

Plans are highly individualized to meet the unique needs of each parent and child/youth and what they feel will support them. The CANS supports the CFT to identify specific target needs of each individual including strengths that can support change. Identified interventions link directly to resolving danger and achieving the safety or permanency goal. In addition, the plan includes how the family's network will provide support to the family in achieving their goals.

THE THREE QUESTIONS

The Three Questions provide the structure for the content portion of the CFT meeting and other one-on-one or team interactions with the child/youth and family. The questions are: What's working well? What are we worried about? What needs to happen next? These questions are seemingly simple but very powerful in eliciting a rigorous, balanced assessment of what is happening with the child/youth or parents and co-creating shared understanding about what needs to happen next.

VOICES OF CHILDREN/YOUTH

Two key principles in SOP are:

- The understanding that children and youth likely witness much of what goes on in their families' lives and can contribute to a comprehensive understanding of what is happening in the family.
- The belief that children and youth can and need to collaborate with other stakeholders in their own safety planning and case planning.

The extent to which a social worker is committed to incorporating the child's/youth's perspective into their work is critical to success. SOP supports children and youth being part of CFT meetings, safety planning and case planning, as appropriate to their age and development. SOP offers specific tools/strategies and interventions for workers to engage children and youth in conversations about their families, their safety and their wishes for the future. These include:

1. The Three Houses tool to explore the child's/youth's perspective of what is working well, what they are worried about and what needs to happen next in their family.
2. The Safety House tool to explore the child's/youth's perspective on what would keep them safe in the future.

SOP TOOLKIT

For more information on using SOP strategies to support implementation of ICPM in child welfare, visit the statewide SOP Toolkit at: **https://humanservices.ucdavis.edu/toolkits/safety-organized-practice**

Appendix B

California Wraparound and the Integrated Core Practice Model

California Wraparound is a comprehensive, strengths-based, planning and service process uniquely designed to keep children and youth living with family and in their own communities. Wraparound provides intensive care coordination with individualized services and supports for youth and families experiencing serious or complex needs which typically cannot be met by traditional service models. It is a high-fidelity practice requiring compliance with specific California Wraparound practice standards for the sponsoring California counties as well as service providers.

California's Integrated Core Practice Model (ICPM) began as the initial state-wide core practice guide required by the 2011 Katie A. Settlement Agreement which required integration of mental health and child welfare services for foster children meeting the criteria as "members of the class" and known as Pathways to Well-being. Federally eligible Medicaid (Medi-Cal) services cannot be limited to a specific group, and the target population was broadened to include any child eligible for Medi-Cal meeting the medical necessity criteria. It was revised and published in 2018 as the Integrated Core Practice Manual incorporating additional input from child welfare, mental health, and juvenile probation and reflecting the successful values and practices of Wraparound particularly in shifting focus away from a traditional service-driven, problem-based approach to instead following a strengths-based, family-centered, and collaborative approach. Additionally, both approaches involve the development of a Child and Family Team which serves as the primary vessel for family engagement and decision-making, and which is a required element of child welfare and children's mental health services. In the case that a Child and Family Team already exists, both models work to engage and build upon (rather than replace or duplicate) the existing team. Additionally, with the implementation of the AB 2083 Children and Youth System of Care legislation (2018) and the federal Family First Prevention Services Act (2018), the ICPM has been revised for 2022 and includes revisions resulting from the input of a variety of stakeholder groups including youth, parents, community providers, and tribes along with education and regional centers.

While the requirements of the ICPM are aligned with and apply to California Wraparound, there are some specific differences in expectations for Wraparound. The Wraparound process surrounds the family with a team who is dedicated to their success and works together to build a customized plan of supports and services that will ultimately reduce the family's reliance on formal support. This team-driven approach actively engages the family in a strength-based, needs-driven manner to achieve lasting safety, permanency, and well-being.

Some of the ways Wraparound practice differs are as follows:

- The facilitator to family ratio is low (approximately 1:10) reflecting the intensity of care coordination activities needed in response to the severity and complexity of child, youth and family needs.
- Recruitment, hiring, workforce development and coaching strategies are required elements within the articulated California Wraparound Standards.
- Child and Family Team Meetings occur more frequently, at least monthly and typically more often, especially in the beginning and during crisis episodes.
- There are specialized roles for family engagement and support including parent and youth specialists with lived experience, and also for direct behavioral intervention.
- The monitoring and adapting of plans are based on active data collection; unsuccessful strategies are expected and framed as learning opportunities, with accountability, and without recrimination.
- Flexible funds are available to meet needs of an urgent nature or when needed resources are not readily available, and only when all other options have been explored, as recommended by the CFT, and approved consistent with the County specified process.
- While formal system services may be utilized, informal resources are actively pursued or created when they can provide at least equivalent results. They are recognized as the best way to support long lasting change.
- Plans actively utilize strategies built upon existing strengths, cultural traditions and preferences, and personal interests; when current strengths are insufficient to meet needs, they are built by exploring strategies reflecting personal preferences and interests.
- Team members, professional and natural supports, are actively involved in the implementation of the plan strategies with the child, youth, and parents.
- Wraparound is a required component of aftercare for youth transitioning from STRTPs.
- Fidelity to the model is routinely assessed by evaluating service outcomes and parent and youth satisfaction with their team and the service process using random surveys and other data that provide insight at the levels of individual practitioner, program, agency, and system.

Appendix C

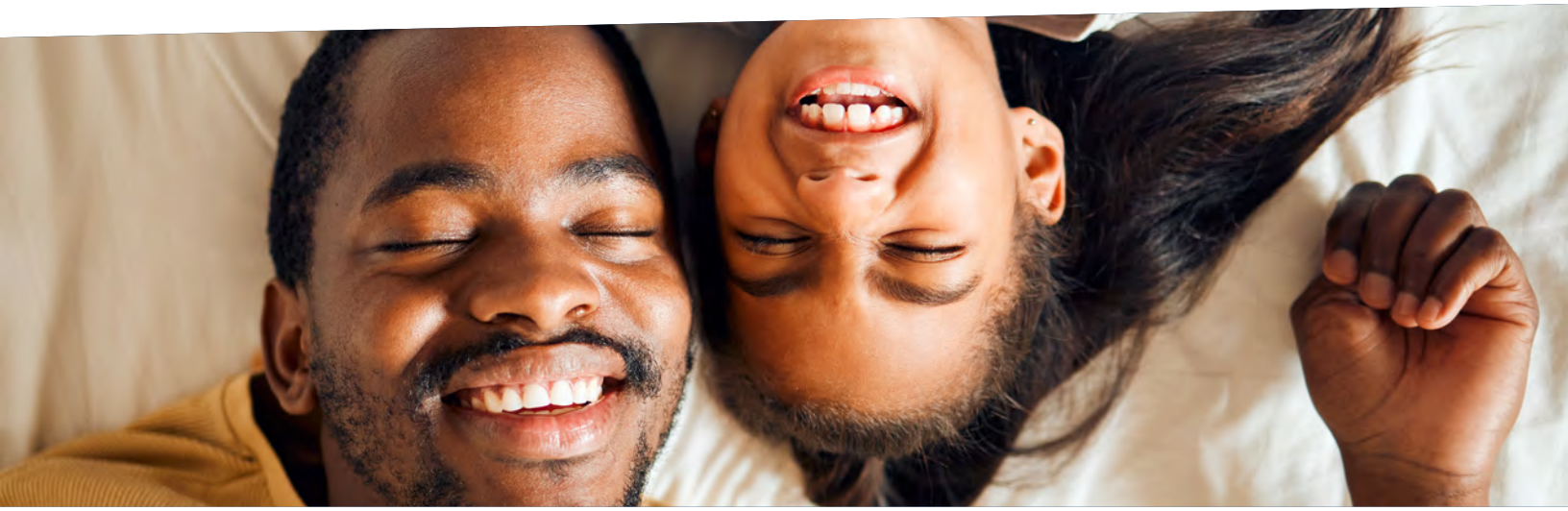
Hiring and Supporting the Right Staff

Every professional staff member must be selected to suit their role. This means that position descriptions and staff selection should include appropriate personal characteristics identification along with education and experience. Candidates who reflect the cultural and language diversity of the community where they work are very desirable in meeting the needs of underserved and overrepresented populations.

Those who meet most of the personal characteristics profile for the specific job will find more success than those who meet few or none.

Some personal characteristics related to professional success using the ICPM model are:

1. Able to recognize and name functional strengths in others
2. Accepting and nonjudgmental
3. Aware of implicit bias and the impact on disproportionality
4. Awareness of responsibility to identify and manage personal biases
5. Committed for the long-term; prepared for the reality of the job's demands
6. Culturally aware and humble; interested to learn and about customs and etiquette different from their own; bi-lingual, bi-cultural very desirable
7. Curious, flexible and creative
8. Friendly and relatable
9. Nurturer, not enabler
10. Passion for the work
11. Persistent; able to work through difficulty until successes is achieved
12. Personal stability
13. Possesses genuine empathy for children, youth, and their families
14. Team player; able to work collaboratively with peers and cross-system partners
15. Willingness to share power with youth, parents and colleagues



Staff Training and Development

Staff must receive appropriate training, coaching and supervision, to understand the integrated nature of the work they are being asked to perform with fidelity. The Integrated Training Guide (ITG) has been developed to support counties and statewide training partners in this implementation. The ITG supports cross-system practice and service delivery with guidance and recommendations about the content and process of training to advance collaboration and effective practice. It also suggests training designed to engage the critical thinking of trainees to use knowledge and skills to be adapted and apply to individual family and community contexts.

Ongoing Consultation and Coaching

While the skills needed by successful practitioners can be introduced in training, they are most effectively learned and integrated into day-to-day practice with the help of a coach. Coaching ensures and reinforces the acquisition of skills and knowledge introduced in training while allowing an individualized approach to match the staff person's learning style. A coach can identify specific topic areas that may require deeper understanding, as well as offering support during complex or novel situations and environments.

Appreciating and Supporting Parent and Youth Partners

Parent Partners know what it feels like to have someone outside of your family intervening in your life, knowing details about what's going on beyond what your closest friends and relatives may already know about you. They've experienced the guilt, the shame, the sense of failure or hopelessness that often can accompany the involvement of "the system." With credibility others may not have, they help parents identify and advocate for their own needs, and to learn to use resources offered to create the life they want for themselves and their families. They stand up for and with parents who may sometimes be passively compliant in meeting expectations, but who do not really make the enduring changes that would make the future better because they do not know how to articulate or advocate for their own wants and needs.

Similarly, Youth Partners who have experienced foster care, behavioral health struggles, and/or problems with the law know what it's like to feel alone, misunderstood, and powerless. Their age and experience make them more easily relatable, and practical advice and mentoring may feel more relevant.

Parent Partners and Youth Partners each add a unique dimension of service to the Child and Family Team that comes directly from having lived through similar circumstances as the parent or youth in care. They are often able to engage more quickly and provide support more effectively than individuals with more typical professional backgrounds. They are responsible to ensure that parent and youth are prepared to actively participate in meetings and that their voice is heard and respected, and choices of strategy options reflect their interests and preference. These positions require specialized training and active support to be successful in understanding the practice model and the roles of the various participants.

Appendix D

Integrated Core Practice Model (ICPM) State-Level Behaviors

This appendix captures guidance for employees of state departments and agencies who are involved in supporting and developing the state's Children and Youth System of Care.

Foundational Behaviors

1 BE OPEN, HONEST, CLEAR, AND RESPECTFUL IN YOUR COMMUNICATION

- Use verbal, written and body language that demonstrate an accepting and affirming approach to all staff, county partners, stakeholders, peer partners, Tribal partners, community agencies, and other advocates.
- Address individuals in person and in writing by the name, title and pronouns they request.
- Show deference to Tribal Leadership and their titles in written and verbal communications.
- Be transparent about your role and responsibilities and expectations of the agency.

Example:

- Be respectful when sharing your ideas and experiences with others.
- Actively listening to new ideas and suggestions in all communications.
- Approach interactions with others without prejudice or preconceived notions.
- Acknowledge kindness with fellow workers and share knowledge with others.
- Create group agreements at the beginning of work groups and meetings.
  For example, speak one at a time, virtually raise your hand, and other group values.

2 BE ACCOUNTABLE

- Look for, and admit, your own biases, missteps, and mistakes when they occur, making corrections as needed.
- Adhere to departmental policy and follow federal and state laws; respect the right to confidentiality and privacy of information.
- Routinely assess your own knowledge and competency levels, including emerging evidence-informed or evidence-based practice areas; obtain necessary training to improve skills or provide access to and/or consult with competent experts to ensure that the needs of children, youth and families served are met.
- Model accountability and trust by doing what you say you're going to do, being responsive, and being on time to meetings with all state agency staff, county partners, stakeholders, peer partners, Tribal partners, community agencies, and other advocates.

Examples:

- Lead as a positive role model by exhibiting ICPM behaviors.
- Follow-up with assignments.
- Accept fault for an error and take the necessary steps to correct the action.
- Try to answer inquiries first and even if is not "my subject" matter.
- Ask if you need help.
- Communicate well in advance if you are unable to attend a meeting.

Engagement Behaviors

3 CREATE A LEARNING-CENTERED ENVIRONMENT

- Demonstrate commitment to professional development by providing and seeking opportunities to gain new knowledge and skills through multiple strategies (training, coaching, and leadership opportunities).
- Create a learning environment in which mistakes are seen as opportunities to learn and grow.
- At all staffing levels, foster a culture of thinking about the work, trying new things and new approaches that will make the agency more efficient and effective.
- Pause and take time to use the practice model to guide response and interaction even in times of crisis especially when communicating with external partners.
- Develop and deliver integrated training curriculum and training experiences for cross-bureau and other stakeholders and resist silo-based staff development experiences.

Examples:

- Have meetings with your teams to discuss available learning opportunities.
- Learn from all experiences to improve processes.
- Take responsibility to learn more about what others do.
- Schedule cross-training or meet-and-greet sessions with other bureaus.
- Provide mentoring opportunities whenever possible.
- Share resources and training material widely throughout the division.
- Provide constructive feedback so that it is received as a learning opportunity.
- Make training readily available so that staff can improve their skills.

4 SHOW THAT YOU CARE

- Demonstrate the effective use of voice, body posture, and eye contact when listening to the thoughts and experiences of staff, county partners, stakeholders, parent and youth partners, Tribal partners, community agencies, and other advocates.
- Communicate hope and understanding by listening to staff and colleagues' challenges and engaging in solution focused strategies to work together to solve problems.
- Show compassion, non-judgmental understanding, and provide support and encouragement by listening to staff and management at all levels in the organization to hear their successes, concerns/worries, and ideas.

Examples:

- Always thank staff and colleagues for their work.
- Start meetings with celebrations.
- Start meeting sharing what you are grateful for
- Management: Check in with staff on how they are doing at least once a month.
- Hold potlucks and virtual celebrations.
- Ask check in questions at the beginning of one on one's or meetings.

5 ENGAGE OTHERS IN IMPLEMENTATION AND SYSTEM IMPROVEMENT

- For those in a managerial position, participate with staff on implementation and identify what you are doing to support and sustain the ICPM.
- Use positive motivation, encouragement, and recognition of strengths to show your support of implementation efforts.
- Engage colleagues and external partners to identify ways to improve system efficiency and remove barriers.
- As appropriate to their job and role, provide opportunities for colleagues to lead assignments and participate on workgroups that demonstrate their skills and abilities.
- Ask external partners what state agencies are doing well and what can be improved.

Examples:

- Establish regular bureau meetings
- Hold consistent one on one meetings
- Take initiative to share knowledge by giving a summary of training/webinars attended during a bureau meeting
- Staff attend meetings when management is unable to attend

6 RECOGNIZE STAFF AND COLLEAGUE STRENGTHS AND SUCCESSES

- Management: Foster leadership with staff at all levels, helping them recognize and gain confidence in their strengths.
- Model a strength-based communication approach to motivate, encourage, and recognize staff and colleagues' implementation efforts.
- Provide opportunities to share successful outcomes of service delivery and the skills and values demonstrated by staff.
- Celebrate the shared and aligned efforts of system and external partners by highlighting successes.

Examples:

- Take time to learn each staff member's preferred way to receive appreciation and regularly put that information to use (i.e. 1:1, group setting, in writing, etc.)
- Submit "shout outs" to internal communications and newsletters.
- View mistakes as opportunity to learn and grow.
- Give credit to staff and colleagues at all levels for contributions.

Inquiry/Exploration Behaviors

7 SEEK FEEDBACK

- Seek out and invite input from staff and colleagues in the organization.
- Ensure regular supervision meetings by applying the ICPM behaviors, and actively seeking input and developing solutions for issues that impact the ability of staff and colleagues to work effectively within the organization, with county representatives, stakeholders, and peer partners.
- Meet regularly with leadership team members, state agency staff, county partners, stakeholders, peer partners, Tribal partners, community agencies, and other advocates to gather information, listen authentically, understand their perspectives, and develop a shared vision of change that is sensitive to sometimes divergent needs.
- Regularly elicit feedback from staff, county partners, stakeholders, peer partners, Tribal partners, community agencies, and other advocates by means of focus groups, surveys, and community meetings.

Examples:

- Add value by asking questions openly and sharing thoughts.
- Seek feedback: ask your supervisor how am I doing or how can I improve?
- Reach out to staff and ask what is working and what can we do differently?
- Hold regular meetings where staff can share thoughts/ideas/inputs.
- Ask questions from a curiosity standpoint rather than assumptions and conclusions.
- Take ideas to higher level meetings.
- Listen to feedback openly and explore options without dismissing the idea.

Advocacy Behaviors

8 PROMOTE ADVOCACY

- Provide frequent and regular opportunities for Tribal partners, agency partners, staff, youth, families, and caregivers to share their voice.
- Acknowledge and recognize tribes inherent sovereignty as nations predating formation of the United States and promote ICWA compliance

Example:

- Be knowledgeable on the regulations (state and federal) in order to share your understanding of what needs to be done.
- Invite families and youth to the table as full partners to include a broader perspective in decision making.
- Participate in Tribal engagement meetings requires inviting tribes/tribal representatives to the table, sharing information, being cultural responsive, collaborating, and making joint decision, etc.
- Include California Youth Connections (CYC) and Youth Engagement Project (YEP) on technical assistance calls.

9 ADVOCATE FOR RESOURCES, COLLABORATION, AND EFFECTIVENESS

- Advocate for the resources needed to support and develop skills for staff
- Provide information to managers and executive leadership regarding staffing gaps to support requests for additional resources to fill these gaps.
- Become a Champion of ICPM by advocating for resources to support ICPM behaviors and working to establish policies and practices that eliminate barriers for staff, county partners, stakeholders, peer partners, Tribal partners, community agencies, and other advocates.
- Advocate for the resources needed to provide effective, relevant, culturally responsive services for families.
- Ensure that key components of existing and new initiatives are congruent with and incorporate the ICPM during planning and implementation.

Example:

- Reach out to people in specialized populations to make policy decisions by engaging them and incorporating their feedback.
- Know and make use of available resources for staff.
- Use contracted services and providers that are aligned with ICPM practices and behavioral expectations.
- Update distribution lists, manuals, and policies so that staff have current information when beginning a new position or when filling in for others.
- Step outside of the workplace to engage children and youth in foster care.

Teaming Behaviors

10 BUILD PARTNERSHIPS

- Make regular use of opportunities to establish partnerships and facilitate awareness and support within the state agency to implement, support and sustain the ICPM behaviors.
- Create partnerships with Tribes and recognize their sovereignty.
- Build partnerships with county representatives, other state agencies, stakeholders, peer partners, Tribal partners, community agencies, and other advocates.
- Engage with other bureaus, branches, and divisions to share best practices and problem solve.

Examples:

- Build relationships with the counties you serve around shared goals and relay accurate information.
- Have each Branch come to each other's Branch meetings to let everyone know what they are working on.
- Collaborate with co-workers on a project that involves another unit or bureau.
- Use staff from other parts of division on hiring panels.
- Create cross-divisional workgroups or include external partners or both for problem solving.

11 WORK WITH PARTNERS

- Work collaboratively with county partners, stakeholders, peer partners, Tribal partners, community agencies, and other advocates as team members in the local implementation of the ICPM and in on-going policy development and operations.
- Engage with peers from other bureaus, branches, and units within the state agency to share best practices and problem solve.
- Recognize that challenges presented by bureaus, branches, units and partner agencies highlight a need for sharing resources that may be useful to meet common goals.

Examples:

- Hold regular meetings with partners at times and places with tools and documents that are accessible to all.
- Be inclusive and partner with other staff, units, branches, and stakeholders.

12 MODEL TEAMING

- Model inclusive and shared decision-making within your own bureau and unit and across your system partnership to support effective implementation and support of the ICPM
- Model and stress the importance of teaming by developing partnerships and MOU's and talking with staff about relationships and teaming efforts across divisions, across agencies, and with external partners.
- Model use of teaming structures and approaches to implement and support the ICPM.
- Develop policies and processes that facilitate and promote teaming across bureaus and with external partners.

Examples:

- Listen to unit's ideas of working as a team.
- Work as a team with other units within the state agency and collaborate to assist/support them with their work with counties.

Accountability Behaviors

13 LISTEN AND PROVIDE FEEDBACK

- Explore complaints, barriers and problems through a transparent process of inquiry that includes identifying who may need to be included, listening to those involved, reviewing data and other information to make balanced assessment and informed decisions, and creating a shared expectation about follow-up activities.
- Be transparent with staff, county partners, stakeholders, peer partners, Tribal partners, community agencies, and other advocates about barriers and why some requested changes cannot be made.
- Provide regular updates on any findings regarding complaints, barriers, and problems, and share action steps that have been taken to address concerns.
- Respond to inquiries from staff, county partners, stakeholders, peer partners, Tribal partners, community agencies, and other advocates within 24 business hours to acknowledge the concern or question and establish a shared expectation for follow-up.
- Meet with units, bureaus, and branches regularly to hear concerns and address them in a transparent manner.
- Have a communication plan for ongoing dialogue with all bureau/unit colleagues and provide clear, frequent feedback to the whole organization.

Examples:

- Listen to person talking without interruption.
- Accept fault for an error and take the necessary steps to correct the action.
- Set a timeline for providing solutions for every complaint.
- Use a defined process and demonstrate actions taken to address concerns.

14 HOLD EACH OTHER ACCOUNTABLE

- Develop and ensure thoughtful and consistent Continuous Quality Improvement (CQI) processes to evaluate implementation of the ICPM, model fidelity in various settings and the effectiveness of the services process.
- Identify and implement agency specific and shared tools including, but not limited to dashboards, data elements and reports, and chart reviews to monitor program, agency, and system level outcomes.
- Engage county partners, stakeholders, peer partners, Tribal partners, community agencies, and other advocates in data collection and evaluation efforts.
- Support colleagues and hold each other accountable for sustaining the ICPM by holding regular supervision meetings at all levels, and including ICPM behaviors in performance evaluation, professional development, coaching, and mentoring activities.
- Provide tools that help staff understand the link between the ICPM and what is expected of them in their day to day work.

Examples:

- Provide constructive feedback regarding completion of assignments.
- Prior to deadlines, check-in with co-workers on progress with assignments.
- Identify when you see ICPM behaviors in others and let them know.
- Provide clear expectations for attending meetings, assignments, due dates, timelines and for exhibiting ICPM behaviors.

15 MONITOR ORGANIZATIONAL EFFECTIVENESS

- Review work assignments through individual supervision meetings and other tools (e.g., provide information at unit, bureau, and division meetings) to transparently develop recommendations for other leaders about the work in the unit and the need for staffing adjustments or workload modification.
- Coordinate technical assistance (TA) and review activities to monitor county organizational effectiveness around ICPM implementation.

Example:

- Combine technical assistance process with all providing county technical assistance.
- Model the organizational changes/behaviors we ask of counties.
- Regular evaluation & assessment of effectiveness.

16 MONITOR PRACTICE EFFECTIVENESS

- Identify and implement a transparent process to monitor ICPM fidelity and effectiveness.
- Within state agencies, collaboratively gather information from staff using tools developed to assess ICPM implementation ensuring that the information collected allows for evaluation of fidelity and effectiveness of the ICPM
- Monitor ICPM implementation plan(s) within branches adjusting the plan(s) as needed.
- Seek feedback from county partners, stakeholders, peer partners, Tribal partners, community agencies, and other advocates specifically about ICPM practice effectiveness.

Example:

- Engage and advocate in appropriate policy discussions.
- Share information with about outcomes whether successful or problematic.
- Allow time to do the work.
- Use the ICPM Snapshot Survey every six months to measure ICPM implementation.

09

Appendix E

The Neurobiology of Mindful Awareness and Self-Regulation in Systems of Care

LAURIE ELLINGTON, MA, LPC, MCC, HMCT, RYT, NBC-HWC

A key feature of the stress response (threat state) is the mobilization of fast neural circuits - networks that are quick to respond automatically below conscious awareness. When this occurs, slower circuits in the brain needed for deliberate and conscious self-regulation of behavior are bypassed. Slower neural circuits are mobilized through mindful awareness and self-attunement, which activates the social engagement system, psychological safety, and healing presence when working with children and families who are experiencing neural dysregulation due to trauma and/or chronic activation of the stress response pathways. Mindful awareness, self-regulation, and a relational presence precipitates regulation of a child or family member's physiology, which over time cultivates healthy emotion regulation and self-regulation of behavior through entrainment and resonance with an organizing other. This is deeply dependent on a helper's ability to self-regulate their own physiology and stay present and available when encountering defensiveness and pain.

Once the nervous system of a person experiencing stress has assessed safety with another, their nervous system shifts to a state of physiological regulation. This is referred to as co-regulation and is the bedrock for openness, trust, and therapeutic change. A shared biobehavioral state, co-regulation is contingent on mindful awareness, self-attunement, and self-regulation skills. Because these skills are not activated by default and are shut down during states of threat, they must be practiced in order to be accessed during stressful contexts or interpersonal interactions that have a greater tendency to activate a threat state. Behavior reflects physiological state, indicating internal regulation of biology is a prerequisite for implementation of the integrated core practice behaviors.

From this neurobiological perspective, the practice elements and behaviors outlined in the ICPM are not accessible without the development of mindful awareness and self-regulation competencies, as internal attunement or presence with self and one's 'felt sense' is the foundation for attuning to and understanding others. Moreover, relational attunement facilitates an alliance, or reciprocal relationship, based on a sense of calm and safety. Through what has been referred to as 'brain-to-brain coupling, relational resonance can occur which supports the practice behaviors outlined in engagement, teaming, assessment, planning, implementation, monitoring, adapting, and transition. These neural skills must be cultivated through mindfulness-based practices and present-moment awareness designed to grow and nurture the neurophysiological networks that support self-regulatory capacity.

The same neural platforms that support self-regulation and mindful awareness are required for leadership behaviors as well, as the global physiological state of the system of care must be self-attuned and engaging in present moment awareness and ongoing self-regulation to support the practice elements and behaviors outlined in the ICPM. System-wide self-regulatory capacity entails recognizing neurophysiological signals of connection and disconnection both intra and interpersonally in order to engage in an ongoing biological assessment and adjustment that supports best practice behaviors, as well as the emotional health and well-being of the system of care workforce.

Appendix F

Glossary of Acronyms and Terms

USEFUL TO UNDERSTANDING THE CHILDREN AND YOUTH SYSTEM OF CARE

TERM	ACRONYM	DESCRIPTION
California Department of Social Services	**CDSS**	The state department charged with serving, aiding, and protecting needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence.
Integrated Practice Child and Adolescent Needs and Strengths	**IP-CANS**	A multi-purpose tool developed for child serving agencies to support decision-making, including level of care and service planning. The CANS allows for monitoring of services and progress over time toward desired outcomes. This service planning and coordination tool fosters input from all parties, ensuring the service plan is individualized and behaviorally based, while incorporating child and family voice and choice.
Child and Family Team	**CFT**	The group of people who are involved in supporting the child and family to achieve their goals and successfully transition out of the formal Children and Youth System of Care.
Child and Family Team Agreements		Child and Family Team Agreements: Agreements for behavioral expectations and practices to promote effective team process, described in greater detail in Appendix D.
Children and Youth System of Care		Children and Youth System of Care, is the result of the passage of Assembly Bill (AB) 2083 (Chapter 815, Statutes of 2018). It is a policy and practice framework that requires integrated collaboration across local county public agencies, specifically child welfare, juvenile probation, behavioral health, county office of education and regional centers serving children, youth, and families to ensure trauma-informed, integrated services to improve access and service effectiveness, and expand the array of community-based, culturally, and linguistically competent services and supports for children and youth involved in the public youth serving systems.
Community-Based Organization	**CBO**	A CBO is a provider within the community that offers concrete resources and/or services to individuals and families to ameliorate problems, to build functional skills, and to provide support as needed. CBOs are typically not for profit (501(c)3) organizations.
Consensus		is the decision of a group based on widespread agreement of the members. It does not mean a unanimous agreement, but rather an agreement that all members agree to support the decision. It is also referred to as collaborative decision-making.
Continuum of Care Reform	**CCR**	CCR, also known as AB 403 (Chapter 773, Statutes of 2015) and passed in 2015, provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family help maintain a stable, permanent family. Reliance on congregate care should be limited to short-term, therapeutic interventions, which is just one part of a continuum of care available for children, youth, and young adults.

Department of Developmental Services	**DDS**	The California Department of Developmental Services works to ensure Californians with developmental disabilities have the opportunity to make choices and lead independent, productive lives as members of their communities in the least restrictive setting possible. DDS contracts with local regional center agencies to deliver services to consumers and their families.
California Department of Education	**CDE**	The California Department of Education is the state agency that oversees public education statewide. The department oversees funding and testing, and holds local educational agencies accountable for student achievement.
Department of Health Care Services	**DHCS**	This state department is charged with preserving and improving the health status of all Californians. DHCS works closely with health care professionals, county governments, and health plans to provide a safety net for California's low-income and persons with disabilities.
Department of Rehabilitation	**DOR**	The Department of Rehabilitation engages with local educational agencies and high schools to provide pre-employment services to students with disabilities so they can prepare for the world of work.. Pre-employment services include: Job exploration counseling, work-based learning experiences, counseling on opportunities to enroll in transition or postsecondary educational programs, workplace readiness training (social skills and independent living), and instruction in self-advocacy. A student with a disability may also apply for the broader scope of Department of Rehabilitation vocational rehabilitation services.
Differential Response	**DR**	DR is a strategy that allows a California child welfare services (CWS) agency to respond in a more flexible manner to reports of child abuse or neglect. DR affords a customized approach based on an assessment of safety, risk, and protective capacity that recognizes each family's unique strengths and needs, and addresses these in an individualized manner rather than with a "one size fits all" approach.
Disposition and Jurisdiction Hearings	**Dispo/ Juris**	Jurisdiction Hearings determine whether or not abuse and neglect allegations are true and if intervention is warranted under Welfare and Institutions Code (WIC) section 300. At a Disposition Hearing, the court determines a child's placement and establishes a service plan. In Juvenile Probation, the purpose of these hearings is similar; at the jurisdictional hearing, the court decides if what the petition alleges is true based on the evidence before the court, while during the Disposition Hearing, the judge decides what to do for the minor's rehabilitation, treatment, and guidance, including sanctions.
Dual Jurisdiction		Each county's probation department and child welfare department, in consultation with the presiding judge of its juvenile court, may develop a written protocol permitting a child who meets specified criteria to be designated as both a dependent child and a ward of the juvenile court.
Early and Periodic Screening, Diagnostic, and Treatment	**EPSDT**	A Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility. Medicaid law requires states to provide EPSDT services to beneficiaries under the age of 21 who are eligible for the full scope Medicaid services, as medically necessary, to correct or ameliorate defects and physical and mental illnesses or conditions.

Educational Rights Holder		The parent or guardian or other person holding the right to make educational decisions for a foster youth. This also applies to Early Intervention Services for children under the age of 3 as these supports are funded by the Education system. Courts can limit the rights of a parent or guardian to make educational decisions for a foster youth by appointing another responsible adult to make educational decisions for the minor.
Empathy		Empathy is the ability to emotionally understand what other people feel, see things from their point of view, and imagine yourself in their place. Compassion and sympathy are often thought to involve more of a passive connection, while empathy generally involves a much more active attempt to understand another person
Foster Care Placement		24-hour out-of-home care provided to children whose own families are unable or unwilling to care for them, and who are in need of temporary or long-term substitute parenting (WIC section 11400). Wards of the Court (WIC section 602) are considered foster youth.
Foster Youth Education Liaison		AB 490 (Chapter 862, Statutes of 2003) passed in 2003, expanded Foster Youth Education Rights and required all public school districts to designate a foster youth education liaison to serve their students in foster care. District foster youth liaisons help promote school stability for students in foster care by ensuring and facilitating their access to the educational rights they are entitled to as foster youth. For example, liaisons ensure and facilitate foster youth's enrollment in school, placement in appropriate classes, and disenrollment from school. When students in foster care transfer schools, liaisons help ensure the students' school records, credits and grades are properly transferred. They also collaborate and communicate with county child welfare agencies to help ensure success in school.
Foster Youth Bill of Rights		The Foster Youth Bill of Rights, describes the rights of youth in foster care and is intended to provide information that outlines the rights available to youth in foster care and provide vital information about their safety, placement, health, education, finances, court proceedings, and more.
Indian Child Welfare Act	**ICWA**	ICWA is federal law and provides requirements that govern "child custody proceedings" for Indian children and supports tribal authority over those proceedings including required active efforts to keep an Indian child's family and tribal relationships intact. It requires that tribes be notified and involved in decisions, including tribal placement preferences, if an Indian child must be removed from their parent(s), as well as preference for utilization of tribal resources that align with the tribe's prevailing cultural, social conditions and values. These requirements are set forth in California statute at WIC section 224.1.

Integrated Training Guide	**ITG**	The ITG has been developed to support counties and statewide training partners in the implementation of the ICPM. The ITG supports cross-system practice and service delivery by providing guidance and recommendations about both the content and process of training that advances collaboration among child welfare the Children and Youth System of Care partner agencies, affiliated social service organizations, families, Tribes, and related support networks.
Local Educational Agencies	**LEA**	LEA means a public board of education or other public authority legally constituted within California that maintains administrative control of public elementary or secondary schools in a city, county, township, school district, or other political subdivision of the state. School districts and county offices of education are both LEAs.
Mental Health Plan	**MHP**	A MHP is an entity that enters into a contract with the DHCS and is responsible for providing or arranging for the provision of Specialty Mental Health Services to Medi-Cal beneficiaries in their county.
Need		Need is the reason to act; underlying need is the reason or cause that a behavior occurs.
Parent Partners		Parent Partners, also known as Family Advocates or other titles, are individuals with lived- experience receiving services for their child, typically from the public child welfare, juvenile probation, mental health or other Children and Youth System of Care partners. They work directly with parents currently receiving services from the public child welfare, juvenile probation, or mental health systems, and other members of the CFT, to facilitate early engagement, provide support and mentorship that results in the individual's ability to speak or advocate for themselves, expressing their own vision for their future, and their strengths, needs, and preferences, during the service process as they work to achieve change. They also support other professional staff to hold space for the parent's active participation on the team.
Safety Organized Practice	**SOP**	A common child welfare practice in California described in greater detail in Appendix F.

Specialty Mental Health Services	**SMHS**	SMHS are Medi-Cal services available to children, youth, and adults. SMHS include medically necessary services to correct or ameliorate defects and mental illnesses or conditions available through the Medi-Cal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. This benefit is available to beneficiaries under the age of 21 who are eligible for full scope Medi-Cal. (42 U.S.C. § 1396a (a) (43) and 42 U.S.C. § 1396d (r)). The following resources include descriptions and additional information on SMHS: – Medi-Cal Manual for Intensive Care Coordination, Intensive Home-Based Services and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, Third Edition – DHCS Mental Health Substance Use Disorder Services (MHSUDS) Information Notices, as well as former Department of Mental Health Policy Letters and Department of Mental Health Information Notices
Qualified Individual		A trained professional who is responsible for completion of an independent determination of need in order to ensure, among other factors, that the care and services that the youth needs are appropriately available in the STRTP program, ensure a commonality of need, and consider any potential interference with the effectiveness of services provided to that youth and the other children residing in the program, and identify additional safety measures and therapeutic interventions needed to mitigate identified challenging behaviors or risks to the safety of the youth and other residents in the facility.
Team Decision Making	**TDM**	TDM is a process of decision-making that involves child welfare workers, foster parents, birth families, and community and/or tribal members in all placement decisions to ensure a network of support for children and the adults who care for them.
Wraparound		Wraparound is an intensive, individualized, care planning and services management process for children and youth who would otherwise be at risk for intensive out of home placement, or who are transitioning out of placement in a Short-term Residential Treatment Program (STRTP). The wraparound process aims works to achieve positive outcomes by providing an intensive, structured, creative, and individualized team planning process that results in plans and services that are effective and relevant to the child and family.

Appendix G

ICPM References

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