CALIFORNIA'S
Integrated Training Guide
Recommendations for Implementing the
Integrated Core Practice Model in the
System of Care for Children and Youth

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DHCS
CALIFORNIA DEPARTMENT OF
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Introduction

Introduction

This Integrated Training Guide is a blueprint for workforce development that is integral to the implementation of California's Integrated Core Practice Model for Children, Youth, and Families (ICPM) and the trauma-informed System of Care as described in Assembly Bill (AB) 2083. Guidance is provided for developing a robust, collaborative training infrastructure for trauma-informed practice with capacity for hosting a comprehensive array of training and coaching for leadership, practitioners, and stakeholders.

The term ***"integrated training"*** *used herein denotes training whose content and delivery transect publicly administered systems that serve children, youth, and families.*

As outlined in this guide, the knowledge and skills for leadership and practice in a System of Care environment serve to cultivate a more compassionate and effective service delivery system for California's children, parents, and families.

Under AB 2083, the learning environment for trauma-informed Systems of Care is operationalized at the local level. It requires that an agreement regarding staff recruitment, training, and coaching be included in the mandatory Memorandum of Understanding (MOU) between child welfare, juvenile probation, behavioral health, County Office of Education, regional centers, and other local partners.

In order to strengthen the coordination of public service systems and partnering organizations, this guide endorses topics that:

1. Build awareness of common practice areas and concerns

2. Outline basic organizational functions of the collaborating agencies

3. Describe methods for working collectively.

In furtherance of the ICPM, blended training audiences from multiple sectors are fundamental to the propagation of consistent practice standards and values, and the advancement of mutual goals for improving short- and long-term outcomes for individuals and families. The integrated training series in this guide is intended for delivery to diverse audiences with multiple affiliations, such as practitioners from different specialties, various types of service providers, family and youth leaders, and tribal representatives.

The workforce development recommendations presented in this training guide reflect a changing practice environment which honors the fullness of the individual, the diverse life experiences of children, youth, parents, and families as embedded in their social and economic realities, and their desires for self-determination. In conjunction with the ICPM and the System of Care for Children and Youth, the operationalization of this training guide is intended to contribute to greater equity for vulnerable children, from their early years to adulthood, who have often been marginalized by poverty, race, ethnicity, or other factors and circumstances.

VISION

California's public human service agencies, partnering organizations, service providers, tribal nations, and other community-based groups will receive universal, family-centered, trauma-informed, and culturally responsive training that enables integrated service delivery systems to effectively ensure the permanency, stability, and well-being of children, youth, and families.

MISSION

This Integrated Training Guide undertakes to improve the well-being of California's children, youth, and families by transforming the public human services workforce and its affiliates through an adaptive framework for training, coaching, and technical assistance for System of Care environments.

Purpose

This guide is intended for use by leaders in workforce development who are committed to producing coordinated, system-level changes in their respective organizations to reduce disparities in service access and quality, strengthen accountability, and increase transparency for the families who receive services.

In order to produce practice changes at the staff level, this training guide employs four strategies:

1. Grounding the context of training content in collaborative, team approaches among service providers, family members, tribal nations, and the family's circle of support

2. Reinforcing knowledge and values, and building practice skills through ongoing coaching and supervision

3. Establishing interdisciplinary, multisectoral audiences

4. Utilizing the expertise of tribal and other parent and youth leaders to develop and deliver training topics that reflect their histories and lived experiences.

Honoring the cultural diversity and lived experiences of families, tribal nations, and communities is a foundational value that underlies the strategies for practice change. Training topics uphold individualized prevention and service plans based on unique needs and strengths, meaningful involvement of youth and parents in customizing the plan, attainment and sustainment of permanency, and blending formal and informal supports accessible in the family's and/or tribal community.

By providing the recommended training and coaching for leaders and staff, this Integrated Training Guide plays a central role in operationalizing an integrated culture of practice in which the voices of children, youth, families, and tribes are at the center of high-quality, coordinated services and supports. This evolution in practice will demonstrate recognition of children, youth, and families as the experts on their own lives, with focus on their strengths and deference to their preferences as prevention and service plans are developed.

Guiding Principles

On the next page are principles for the development of a training infrastructure and training content that engage and fortify the "System of Care Principles" as described in the ICPM.

1   IMPLEMENTATION SCIENCE

Application of methods and principles derived from implementation science research to successfully enact training plans at the local and state levels and sustain fidelity to the ICPM's System of Care approach in order to achieve measurable, positive outcomes for children, youth, and parents.

2   COLLABORATION

Advancement of collaborative processes in the development and adaptation of training materials by enlisting parents, youth, tribal nations, social service agencies, and the systems of child welfare, behavioral health, education, juvenile probation, and regional centers. Collaborative processes should also be engaged in the development and provision of technical assistance to service providers in the System of Care.

3   JOINT TRAINING AUDIENCES

Audiences comprised of participants from two or more groups from across the spectrum of systems, service providers, parents, youth, tribal nations, and support networks. Training environments that include individuals from multiple sectors are likely to inspire trusting relationships and enhance shared knowledge, values, and collaboration in the coordination of care.

4   MEANINGFUL LEADERSHIP OPPORTUNITIES FOR PARENTS, YOUTH, AND TRIBAL PARTNERS

Supporting parents, youth, and tribal partners through mentoring and other assistance, in meaningful leadership roles in the curriculum development process and in their work as co-trainers, including the sharing of their lived experiences in accessing and receiving services.

5   ENGAGEMENT OF RESOURCE FAMILIES

Inclusion of kin and non-related caregivers in the development of curriculum and the delivery of training for topics pertinent to caregiving; providing mentorship for such contributors.

6   ADVOCACY

Supporting parents, youth, and caregivers to access trainings to enhance their knowledge and skills, facilitate their self-empowerment, resiliency, and well-being, and assist them in navigating the System of Care. Such training may include the issuance of training certifications.

7   TRAUMA-INFORMED SYSTEMS AND PRACTICE

Emphasis on the cultivation of skillful, individual, and systemic responses to the prevalent and pervasive influences of trauma on children's and adults' behavioral health and overall development, and the effects of secondary trauma on staff.

8   ANTI-RACISM

Attending to aspects of the training content and the integrated training infrastructure in one's organization and across collaborating systems to ensure that curriculum content and organizational or systemic policies do not disadvantage racial/ethnic groups, but instead foster an inclusive, equitable social environment in which bias can be openly identified and rectified.

9   EVIDENCE-BASED PRACTICE

Promotion of the use of available evidence-based and evidence-informed interventions appropriate to the target populations and their social and cultural contexts, with emphasis on values, principles, and practices. As the evidence base grows, training topics and content should be updated accordingly.

10   TEAMING

Promotion of content about team-based approaches with parents, youth, and families, the agency staff of child welfare, behavioral health, education, juvenile probation, and regional centers, and other involved organizations and supportive individuals. Teaming underlies the collaborative, coordinated, and transparent development of plans for integrated service delivery through the provision of consistent care management and quality services that address children's behavioral health and other needs to improve their outcomes for safety, permanence, and well-being. Teaming relationships are built on trust.

Building an Infrastructure for Integrated Training

Training Implementation

The delivery of local, interagency training is a critical component of the overall implementation of the ICPM and foundational to the System of Care. People, partnerships, shared values, and integrated policies are among the many elements needed for the operation and continuity of a training infrastructure. While individual trainings may change over time, the training infrastructure makes possible the ongoing development and delivery of quality content relevant to a System of Care environment. In addition, a well-designed training infrastructure allows for rapid responses to training needs when new mandates or social issues arise.

Training implementation requires the engagement of multiple agencies and partners in the creation of a local training plan as mandated by AB 2083. Implementation also necessitates the development or adaptation of training content, the coordination of training delivery, and outreach to audience participants. Key recommendations for supporting the creation of a culture of shared practice and integrated service delivery involve a new level of collaboration with youth, families, and tribal nations and the fiscal resources to realize the training mission for inclusive, integrated practice.

In order to nurture the acquisition of knowledge, skills, and values that are essential for leaders and practitioners, a handful of trainings will not suffice. Rather, it is necessary to establish a coherent and comprehensive set of trainings that can be shared across public systems and with community partners to achieve the required level of collaborative expertise.

The principal recommendations below provide guidance for developing or adapting current local or regional training efforts.

1. Pursuant to AB 2083, the development of a shared training plan for local system of care partnerships is mandated as a deliverable component of the Memorandum of Understanding. For guidance, refer to System of Care for Children and Youth: Memorandum of Understanding Implementation Guidance, Part Eight, Staff Recruitment, Training, and Coaching (December 2019).

2. Consult with training and technical assistance entities for support, as needed, to implement these key recommendations and those for training implementation teams (described below). Consider engaging the services of local or regional training entities, such as the Regional Training Academies, the Chief Probation Officers of California, and training resources used by Mental Health Plans.

3. Consider establishing a local or regional training network that serves as a stakeholder/advisory body for workforce development regarding integrated practice and System of Care service delivery.

4. Form training implementation teams within and across participating agencies at the local or regional level that are accountable for using effective implementation methods.

For further guidance, refer to the website of the National Implementation Research Network (NIRN):
https://nirn.fpg.unc.edu/national-implementation-research-network

Training Implementation Teams

Under cross-agency leadership, the implementation of training may be performed by training administrators or other training professionals.

The following actions are suggested for training implementation teams:

– Inventory the local or regional training entities and the overall training capacity in partnering agencies and tribal nations.

– Develop the local or regional cross-training plan.
  – See the sections below for recommended training topics and their sequencing:
    Leadership Tier: Training, Technical Assistance, and Coaching
    Tier 1 – Foundations
    Tier 2 – Applications

– Facilitate local and regional coordination for curriculum development and adaptation, training delivery, and coaching that comports with the ICPM's System of Care approach. Establish project management objectives, timelines, and assignments. Some partnering agencies already have an infrastructure that supports coaching, while other collaborators may need to grow this component. Coaching and supervision should provide a safe place for practitioners to explore how best to align their behaviors with those described in the ICPM and acquire the skills needed for utilizing best practices.

– Engage tribal nations, parent leaders, and youth leaders in:
  1. Development or adaptation of training curricula
  2. Delivery of trainings or training segments that draw on lived experience and heritage
  3. Meaningful participation in monitoring training implementation

– Invite representatives from professional associations relevant to the System of Care to provide local perspectives about training needs and requirements for management and staff.
  – California associations include, but are not limited to:
    County Behavioral Health Directors Association of California
    County Welfare Directors Association of California
    Chief Probation Officers of California
    Special Education Local Plan Area Administrators of California
    Association of Regional Center Agencies

– Undertake a coordinated review of existing curricula related to the training topics specified in this training guide to identify gaps in content and to assess for modifications that are needed for application to the local or regional System of Care environment. As partnering agencies and groups become more attuned to the shared practice approach, it is anticipated that curricula about best practices that currently exist in a single professional sector will in the future be replaced by curricula about universal best practices that apply across service systems and agency types.

– Identify relevant audiences for trainings from diverse sectors within the System of Care and facilitate audience outreach. For many agencies, joint training will need to be newly instituted or extended to wider audiences. The outreach plan should include action steps to strengthen relationships and collaboration. In some cases, it may take time and resources to cultivate interest in integrated training among audience groups.

  – For a list of suggested audiences, see "**Audiences for Joint Trainings**" below.

– Facilitate the inclusion of interested parents, youth, families, and tribal nations in the audience for topics they deem important for expanding their knowledge about child and youth well-being and child-serving systems. Those who are so motivated should actively be supported to participate in relevant trainings. Their participation is particularly encouraged for trainings that can help them become more effective planners, decision-makers, and partners in the teaming process.

– Identify interagency and intergroup barriers to coordinating curriculum development and adaptations, training delivery, coaching, and identifying audiences. Work together to find solutions.

– Employ a policy-practice communication loop whereby members of the training implementation team confer with leaders and trainers to detect and resolve implementation concerns.

– Establish a plan with participating agencies and partners for evaluating training implementation based on continuous quality improvement and other considerations provided in this training guide.

  – See "**Guidance for Evaluating the Implementation of the Training Infrastructure and Integrated Training**" below.

Recruitment and Support of Training Staff

Hiring policies for training staff should align with the tenets of the ICPM. In addition to screening for knowledge and skills required for specific positions, candidates should also be vetted for attributes and skills needed to enact the ICPM leadership and practice behaviors with fidelity. Accordingly, the ICPM identifies several advantageous personal characteristics that candidates may present, which are in harmony with ICPM values and principles (see ICPM Appendix C, "Hiring and Supporting the Right Staff"). Additionally, the ICPM articulates engagement behaviors for leadership that invigorate learning-centered environments, which reinforce the ITG's vision and mission (see ICPM, Chapter 3, "Integrated Core Practice Elements and Behaviors For System Of Care Leaders- Engagement).

Practitioners should be current in their knowledge of evidence-based and emerging practices and have sufficient competence to perform their work successfully. As with all other staff, including applicable Parent and Youth Leaders, individuals employed in the training sector should be afforded opportunities for ongoing professional development to augment their knowledge and improve their skills.

In addition to conventional training professionals, Parent and Youth Leaders play a valuable role in content development and training delivery, along with other functions they may perform within an organization. Parent and Youth Leaders should be trained and supported to carry out their specialized roles and provide their perspectives. At a minimum, Parent and Youth Leaders should receive training, including guided practice, to develop research-based competencies associated with meaningful work with parents, caregivers, and youths who are able to participate actively in decisions about their own lives. Competencies for achieving positive results should include advocacy, empowerment, cultural responsiveness, and parent or youth leadership. Trainings for Parent and Youth Leaders should support a team-based, System of Care framework as explained in the ICPM. Optimally, Parent and Youth Leaders would collectively represent the diversity of the local parent and youth populations served in a given county, region, or tribal nation.

Some parent training organizations may offer certification that could attest to lived experience and competencies in parent leadership. However, lack of such certification should not preclude an individual who would otherwise qualify from serving as a Parent Leader. Similarly, qualified Youth Leaders would not be required to possess formal certification as such. Nonetheless, training programs that embrace standards for practice may benefit Youth Leaders by providing opportunities to gain transferable relational and career skills.

Content Development and Training Delivery

Adapting Training Curricula

The training topics in this guide are intended for new and seasoned staff alike. While many staff possess a wealth of knowledge and experience, it is likely that most individuals have limited knowledge about human service systems other than their own. Many may not have been exposed to a System of Care environment of the scope supported by the ICPM – one which embodies practice trends and concerns of multiple human service agencies.

While the topics listed in this guide are suitable for cross training many types of audiences, the range of training needs may differ among individuals and groups. Some may need only information to increase their understanding of the overall practice context, while others may require more intensive skill-building for their particular area of practice. Those who adapt training content will need to be attuned to the varying needs of their joint audiences.

In addition to curricula already in use by California's systems and agencies, many training resources relevant to integrated training topics can be found in the public domain. Such resources have often been developed by professional disciplines, state or local public agencies, or national, governmental institutions. While existing resources may provide excellent coverage for many topics listed in this guide, training materials may require adaptation to strengthen the collaborative, family-centered emphasis of integrated training and service delivery in California. In addition, existing curricula and learning objectives will likely need to be further customized to serve the training goals for specific joint and lay audiences.

When applicable, the presentation of training content should parallel the practice elements explained in the ICPM:

1	ENGAGEMENT AND TEAMING

2	ASSESSMENT

3	PLANNING AND PLAN IMPLEMENTATION

4	MONITORING AND ADAPTING

5	TRANSITION

Training Modalities

Modalities include online learning, classroom delivery, and field-based coaching and supervision. For leadership, training and technical assistance may also include individual or group consultation. Curriculum developers should consider which modality is most suitable and advantageous for conveying the training content, building collaborative relationships, and promoting the fruitful exchange of ideas. While classroom delivery is preferable for supporting relationships and skill-building, some online learning, for foundational knowledge in particular, may be advisable or necessary for a variety of reasons. However, it is imperative that trainers and coaches understand that remote or distance learning often presents significant limitations to the skill building that professionals and others need to effectively help children, youth, parents, and families heal from trauma. Online environments inherently constrain the acquisition of teaming, facilitation, and relational skills, such as the use of empathic communication, the creation of safe spaces for expressing vulnerabilities, and the encouragement for family members to activate their own power.

Co-Training

In addition to the utilization of professional trainers and subject matter experts, including tribal elders, tribal advocates, and advocates for specific areas of concern, agencies are requested to engage qualified Parent and Youth Leaders with relevant lived experience as co-trainers. The perspectives of Parent and Youth Leaders can enhance training content and strengthen the connection between training and practice. Agencies may also enrich trainings by enlisting co-trainers from community providers and other local stakeholders.

Overview of Content for Integrated Training

Topic Areas

Training topics are categorized into three tiers (as described below):

1	LEADERSHIP TIER

2	TIER 1

3	TIER 2

The training topics within each tier are not intended to be exhaustive or rigid. As new cross-system training needs arise in future years, the specific subjects will require modification.

In the context of a multi-agency System of Care, training topics specifically for leadership address the implementation of system-level changes that support the ICPM within and among multiple agencies and partnering groups. Leaders are tasked with the responsibility for embedding the ICPM by enacting comprehensive, system-level changes. Such changes include tailoring workforce development to infuse the ICPM throughout all staff levels and functions of the organization. While the ICPM devotes extensive guidance to implementing the Integrated Core Practice Model, this Integrated Training Guide provides some basic direction to agency leaders about cultivating their expertise with the ICPM, spearheading staff development, and designing and implementing a training infrastructure that has the capacity to serve ongoing needs.

Topic areas for agency staff, community partners, and family networks are classified into two tiers:

– Tier 1 trainings formulate a common knowledge base across partnering agencies and groups

– Tier 2 trainings deepen understanding and build skills for specialized areas of practice, service provision, and caregiving.

Tier 1 and Tier 2 topic areas each include coaching and/or supervision in order to consolidate knowledge and hone skills for application in the field.

The complement of training topics in Tiers 1 and Tier 2 addresses the need for consistent, uniform information regarding policy and practice expectations for staff in service organizations and for families involved in the delivery, monitoring, and receipt of cross-system prevention or intervention services for children at risk or in care. Tier 1 and Tier 2 trainings can provide families, caregivers, and other community partners the same information as that received by professional staff. Armed with essential knowledge about child-serving systems and children's developmental needs, parents and youth will be better able to engage their capacities for leadership and shared responsibility.

Coaching

While training can introduce skills needed for successful practice, researchers note that coaching is essential for effectively consolidating learning and incorporating new skills into daily practice.

Coaching refers to a process for ongoing professional development designed to:

– Acquire and improve the skills and abilities needed to implement the practice with fidelity, as intended.

– Progress from successfully demonstrating skill in the training environment to demonstrating skill in the real world on a routine basis.

The coach can be a formally designated coach, supervisor, peer with demonstrated mastery of skills, or a qualified staff person within the work team who observes and provides feedback in the field based on defined practice behaviors as specified in the ICPM. For leaders, coaching may take the form of formal consultation, peer consultation, or technical assistance. Most important is that the coach invokes the precepts of the ICPM by providing feedback from a strengths perspective to encourage deeper understanding and support for improved performance.

Training Standardization

For the initial implementation of this Integrated Training Guide, there is no provision for standardizing training beyond the list of training topics in the three training tiers and the guidance provided in the Tier 1 subsection titled "Collaboration Across Systems." In general, training content and delivery should support the ICPM and the guiding principles outlined above.

Leadership Tier

Training, Technical Assistance, and Coaching for Integrated Core Practice Model Implementation

AS NEEDED, LEADERS MAY WISH TO RECEIVE TECHNICAL ASSISTANCE, TRAINING, PEER-BASED CONSULTATION, AND/OR COACHING IN:

1 Development, implementation, and sustainability of the inter-agency Memorandum of Understanding and the Comprehensive Prevention Plan (CPP) of the FFPS Program for local-level Systems of Care.

2 Shared decision-making, governance, and management techniques (including development of interagency policy boards or commissions at the local level).

3 Creating and sustaining integrated fiscal strategies, including financial claiming of FFPSA-funded services.

4 Building cross-system relationships and teams.

5 Effective communication in a System of Care environment.

6 Conflict and dispute resolution (interpersonal, team, and interagency).

7 Building cross-system alliances to eradicate institutional biases, mitigate poverty, and promote improved well-being outcomes through prevention, diversity, equity, and inclusion.

8 Staff recruitment, training, and coaching, including training for supervisors and managers regarding how to provide coaching to their staff.

9 Identifying and fostering roles for tribal representatives and other collaborators with lived experience.

10 Recruitment, development, and support of Parent Leaders and Youth Leaders.

11 Continuous Quality Improvement (CQI), including oversight, accountability, data collection and management, and performance management.

Tier 1: Foundations

Building a Common Framework

The Foundations series is intended for all participating service agencies and systems, with the expectation that staff, advocates, supervisors, and managers receive the full complement of foundation trainings. Foundations trainings could be designed for a partial or full day, depending on training objectives. The Foundations series begins with the topics listed under "Collaboration Across Systems," a category which provides a basic understanding of the overall scope of integrated services and the contributions of individual systems. It is suggested that *"Introduction to California's Integrated Practice Model"* be offered first, while other topics in this group may be accessed in any order. After completion of the trainings in "Collaboration Across Systems," learners can proceed to the topics listed under "Integrated Practices."

Collaboration Across Systems

For each system overview, subtopics are expected to include:

− Purpose/goals/underlying theory of the system/sector

− Role of the sector in the landscape of human services, including its role in prevention pursuant to California's 5-year State Prevention Plan

− Descriptions of the populations served and their diverse cultural needs, with reference to overlap with other sectors

− Intention of staff role(s) and rationale for key practices

− Experiences of consumers served by the system

− Considerations for each system when incorporating the principles of the Integrated Core Practice Model and California's 5-Year State Prevention Plan.

1. Introduction to California's Integrated Core Practice Model

2. FFPSA Part 1 Overview (includes federal and state legislation, main elements required for implementation, and roles and responsibilities of staff and cross-sector partners)

3. Education Overview (includes Individualized Education Programs (IEPs); Student Study Teams (SSTs); Section 504 of the Rehabilitation Act; AB 490; mental health supports in the school setting; early education and care (Head Start, Early Head Start, California State Preschool Program and Transitional Kindergarten)

4. Child Welfare Overview (includes the Indian Child Welfare Act (ICWA), Continuum of Care Reform, and the FFPS Program)

5. Behavioral Health Overview (includes Community Mental Health, Specialty Mental Health Services and Systems of Care; Substance Use Disorders; preventive services and EBP introductory overview)

6. Juvenile Justice, Courts, and Juvenile Probation Overview (includes the FFPS Program)

7. Tribal Services Overview (includes the FFPS Program)

8. Developmental and Intellectual Disability Overview (includes Regional Centers, Department of Developmental Services, and Department of Rehabilitation services and the FFPS Program)

9. Caregiving Overview (includes biological parents, kin, resource parents, foster family agencies, residential programs; basics of resource family approval)

10. Health Care Overview (includes public health and California's Managed Care Models and California's Home Visiting Program)

11. Application of California's Integrated Core Practice Model to the State Prevention Plan (includes a series of webinars and learning conversations to shift perspective and practice from intervention to prevention).

12. Overcoming Challenges to Integrated Systems and Practices (guided discussions to acknowledge historic divisions and build trusting relationships to support collaborative, family-centered practice environments).

Integrated Practices

HUMAN DEVELOPMENT & PREVENTION

1. Child, Youth, and Family Development: A Holistic and Ecological Perspective
2. Family Systems and Attachment Theory
3. Positive Youth Development and Transitional Age Youth
4. Sexual Orientation, Gender Identity, and Gender Expression (SOGIE)
5. Approaches to the Prevention of Child Abuse and Neglect and the Family First Preventive Services Act
6. Effects of Poverty on Child Development and Anti-Poverty Policies and Programs
7. Approaches to Mitigating Disparities in School Readiness and Academic Opportunities
8. Typical Childhood Development, Signs of Developmental Delay and Early Intervention/Early Start Services

HEALTH

1. Physical Health and Health Disparities
2. Behavioral Health (includes neuroscience and impact of Adverse Childhood Experiences (ACES))
3. Sexual Health
4. Access to Specialty Mental Health Services
5. Psychotropic Medications in the Foster Care Context
6. Suicide Prevention

LEGAL PROCEDURES

1. Legal Rights of Children in Care (includes The Foster Youth Bill of Rights)
2. Sharing Data: FFPSA Data in CWS-CARES (and related reports), HIPAA, Privacy, Consent (for relevant audiences)
3. Documentation in a Cross-System Environment (for relevant audiences)

ENGAGEMENT AND COLLABORATION

1. Trauma-informed Practice, Services, and Systems (includes neuroscience)
2. Cultural Responsiveness and Cross-cultural Communication (includes LGBTQ competency-building and best practices)
3. Social Justice Concerns (includes disproportionality, disparities, bias, institutional racism, and strategies for achieving equity)
4. Family and Youth Engagement and Advocacy (includes father engagement)
5. Engaging Low-income and Poor Families
6. Motivational Interviewing
7. Child and Family Teaming; Sharing Leadership with Families and Youth; Theory of Change
8. Collaboration and Integrated Practice (policy, management, and practice levels)

Coaching and Supervision for Tier 1

Timely coaching and supervision are deemed essential to staff development to assure learning transfer from training to practice. In addition, the positive motivational relationship between the coach (or supervisor) and the trainee models how the practitioner can cultivate affirming relationships with children, youth, and families.

Tier 2: Applications

Deepening Integrated Practice

In this tier, some topic areas may have broad relevance across sectors that are collaborating in the delivery of services. Other topic areas may have particular relevance to staff members' scope of work, and the specific needs of families.

In general, it is recommended that Tier 2 trainings are provided after the Tier 1 trainings are completed. If this is not possible, it is suggested that the trainee receive at least the relevant Tier 1 topic(s) before proceeding to the related specialized topic in Tier 2. For example, it is preferable for a trainee to acquire a broad understanding of the behavioral health system, trauma-informed practice and services, and access to specialty mental health care services before learning more specifics about intensive care coordination, intensive home-based services, and therapeutic foster care. Similarly, it is helpful to understand the basics about caregiving before delving more deeply into the specifics of prudent parenting. The order of topics will also be influenced by the availability of trainings, and the individualized training plan for each trainee. Some trainees may need only basic information, while others may require in-depth knowledge and skill practice for their specialty areas.

Competencies

COMPETENCIES FOR SERVICE DELIVERY

1. Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)

2. Therapeutic Foster Care (TFC)

3. Intensive Services Foster Care

4. Evidence-based Therapeutic Interventions (including parent/child therapies and other EBPs included in the State Prevention Plan)

5. Medi-Cal Eligibility, Claiming, and Billing Practices for Specialty Mental Health Services

6. Coordination for Family First Prevention Service Pathways to Prevention (includes enhanced guidance for mandated reporting)

7. FFPSA Candidacy and Eligibility

8. Overview of Regional Center residential service models and typical services for someone diagnosed with an ID/DD (includes Respite Services, Applied Behavioral Analysis Therapy, Residential Care Homes, Children's Community Crisis Homes, Enhanced Behavioral Supports Homes, Crisis Intervention)

COMPETENCIES FOR CHILD AND FAMILY TEAMING

1. Building an Effective Child and Family Team

2. The Child and Family Team Meeting: Preparation, Participation, and Follow-up

3. Facilitation for Child and Family Teams

4. Shared, Multi-agency Assessment Using the CANS Assessment Tool

5. CANS Use for Clinical Data and as a Care Coordination, Communication, and Rating Tool

6. Shared, Multi-agency Assessment for FFPSA prevention services, case monitoring, and case closures (includes tribal engagement)

7. Prevention and Care Coordination Across Systems and Disciplines (includes engaging families and tribes in co-creating family plans for safety, prevention services, in-care/reunification services, identifying and accessing evidence-based services, monitoring the plan, transition planning, case closure, aftercare, and post-FFPSA planning)

COMPETENCIES FOR SHARED LEADERSHIP

1. Developing and Supporting Parent Leaders

2. Developing and Supporting Youth Leaders

COMPETENCIES FOR ENGAGEMENT WITH DIVERSE POPULATIONS

In addition to the groups mentioned here, counties and regions are encouraged to offer trainings specific to other populations served in their respective geographical areas.

1. Collaborating and Coordinating Care with Native American Families and Tribal Communities (includes tribal engagement in prevention assessment and planning)

2. Competencies and Best Practices for engaging BIPOC populations (Black, Indigenous, and People of Color)

3. LGBTQ Competencies and Best Practices (includes prevention assessment and planning)

4. Adoption Competencies and Best Practices (includes attachment; loss and grief; therapeutic parenting strategies; fostering collaborations between birth and adoptive families)

5. Competencies and Best Practices for the Early Years (includes prevention assessment and planning)

6. Competencies and Best Practices for Children and Youth with disabilities, including Intellectual and Developmental Disabilities Person-Centered Planning (includes prevention assessment and planning)

7. Healing the Commercial Sexual Exploitation of Children (CSEC)

8. Approaches to Working with Sexually Offending Youth

9. Caring for Youth Involved in the Juvenile Justice System (includes prevention assessment and planning)

10. Facilitating the Engagement of Incarcerated Parents

11. Skill-building in Cross-cultural Communication

12. Competencies and Best Practices for Advancing Equity (includes the prevention context)

COMPETENCIES FOR CAREGIVING

1. Prudent Parenting

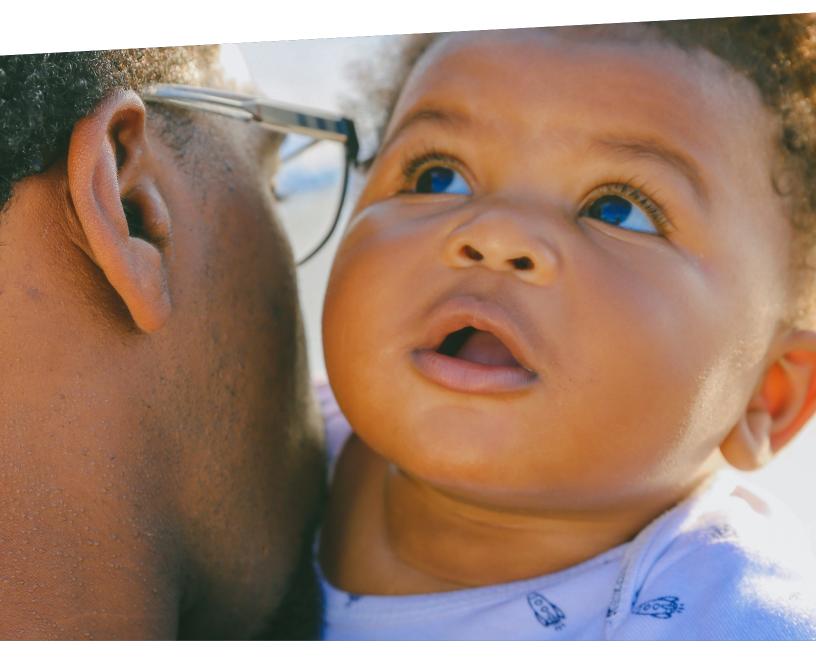2. Quality Parenting Initiative (if applicable to county practice)

Coaching and Supervision for Tier 2

Coaching and supervision offer additional, essential opportunities for practitioners to develop competencies in the practice areas addressed in Tier 2 trainings.

Audiences for Joint Trainings

This Integrated Training Guide is designed for "joint delivery," i.e., the delivery of trainings to audiences comprised of staff and individuals from the broad array of participating agencies and stakeholders. Joint delivery aims to strengthen collaborative relationships and build common understandings about the concerns of youth and families, the missions and mandates of participating organizations, the promotion of healthy child development, and child and family well-being.

The audiences listed below represent a comprehensive landscape of the integrated practice and service delivery environment. Agencies that host trainings can draw from this list of audience groups (and other local interest groups) on a case-by-case basis to customize invitations to those audiences that would benefit from a particular training.

Audiences

CAREGIVERS AND CARE RECIPIENTS

Biological parents, Indian custodians, and kin caregivers

Resource parents

Youth; transitional age youth

CAREGIVING SERVICE PROVIDERS

Foster family agencies (FFAs)

Family preservation providers

Short-term residential placement providers

Residential providers for youth with an Intellectual Disability/Developmental Disability

PROFESSIONAL STAFF (STATE & COUNTY)

County staff for behavioral health, education, child welfare, rehabilitation, developmental disabilities, and juvenile probation

Department of Health Care Services, Department of Education, California Department of Social Services, Department of Rehabilitation, and Department of Developmental Services

Regional Center service coordinators and managers

Professional associations for behavioral health, education, child welfare, rehabilitation, developmental disabilities, and juvenile probation

Eligibility workers and other designated staff per county discretion (e.g., fiscal and support staff)

Student trainees and interns

Students participating in county-authorized field placements

COMMUNITY AFFILIATES & ADVOCATES

Parent and youth organizations and leaders

Tribal leaders and advocates

Family Resource Centers

Child Abuse Prevention Centers

Community-based organizations and community resources

Children's informational supports

Social justice advocates

Anti-poverty advocates

LGBTQ advocates

Resource families

Faith-based leaders; chaplains

Law enforcement

First Five

HEALTH AFFILIATES

Health Directors

Regional Center services

Public Health Nurses

Federally Qualified Health Centers (FQHCs)

Managed Care Organizations

Behavioral Health Plans

Substance Use Treatment services

Community counselors

Alternative healers

EDUCATION AFFILIATES

Superintendents

Education Liaisons

Special Education Local Plan Areas (SELPAs)

Teachers

Head Start/Early Head Start

County Offices of Education

COURT AFFILIATES

Judges

Attorneys

Court Appointed Special Advocates (CASAs)

10

Evaluation Guidance

Guidance for Evaluating the Implementation of the Training Infrastructure and Integrated Training

Continuous Quality Improvement

For organizations that have interest in initiating or expanding their training evaluation programs, this section provides guidance for designing an effective evaluation process for integrated training as a central component of ICPM implementation. In conjunction with other system-level changes addressed by the ICPM, implementation of this training guide should be based on the tenets of continuous quality improvement. Agencies should consider devising measures for proximal outcomes regarding cross-agency collaborations, stakeholder partnerships, and knowledge and skills taught in joint trainings. In addition to system-level analyses, measures of individual competencies for practice, training, supervision, and coaching can be devised, collected, and monitored to improve the quality of services provided to families.

In connection with the "**Process Evaluation**" section below, agency leaders are encouraged to establish channels of communication for staff and community partners to identify barriers to training and service delivery. As an example, parents, youth, resource families, and tribal nations should be surveyed periodically to learn about their experiences with training and services provided by or through the agency. Information regarding agency performance should also be formally obtained from other partners, particularly in relation to the successes and challenges involved in cross-agency collaborations and improvements in training content and delivery.

Introductory Considerations

THE ITG IS A FLEXIBLE, MULTI-COMPONENT INTERVENTION DESIGNED TO EXPEDITE AND SUPPORT POLICY AND PRACTICE CHANGES RELATED TO THE ICPM

- Organized by tiers for leadership and direct practice, the ITG includes a constellation of training topics that will be delivered in a manner consistent with its guiding principles to joint audiences comprised of professional and lay participants across the spectrum of collaborating partners in each county. Professional echelons represent a wide range of staff responsibilities, e.g., direct services, administrative services, management, and agency directors.

- Specific topics and training delivery (from introductory training to intensive technical assistance) will be customized to address each county's needs.

THE ITG WILL BE IMPLEMENTED IN NON-EQUIVALENT SETTINGS

- Training recipients will include providers from multiple systems that approach parent, child, and youth services from distinct paradigms and disciplinary perspectives.

- California's public human service agencies are highly diverse, including myriad organizational structures and community partners forming provider systems operating in demographically dissimilar county jurisdictions.

- The cohesion and collaborative capacity among the child welfare, behavioral health, education, juvenile probation, developmental services, rehabilitation services, and community-based organizations that comprise parent, child, and youth service provider systems vary significantly across counties and regions.

A COMPLEX, MULTI-COMPONENT EVALUATION DESIGN

- Evaluation of the ITG will occur at multiple levels, utilize mixed methods, and employ several classes of evaluation questions and a wide range of indicators designed to document accomplishments and provide rapid feedback for identifying modifications to content or delivery needed to improve implementation.

- Beginning as soon as possible, pre-implementation baseline measures should be collected to support the assessment of change over time. These data will also inform planning by identifying and clarifying local training and technical assistance needs.

  - For example, at this stage, evaluation questions could include:
    "Is the county training plan integrated across agencies?"
    "Does the plan address cross-system collaboration?"
    "What collaborative structures, including which participants, are currently functioning in each county?"
    "What are the facilitating factors and perceived barriers to collaboration?"
    "To what extent are elements of the ICPM being addressed at this time? And at what stage of implementation?"

- County or region-specific evaluation strategies designed to produce timely and actionable results are critical to answer the questions, "What works, under what circumstances, and for whom?" While remaining sensitive to existing local evaluations, standardized core evaluation questions should be articulated to assess the overall worth and merit of the ITG.

- Fiscal and programmatic monitoring processes and evaluation strategies assessing program coverage and the delivery of training and technical assistance will provide a foundation for intensive evaluation to measure outcomes. The ITG outcomes will include practice changes at multiple levels and the adoption, implementation, monitoring, and fidelity of policies designed to institutionalize the ICPM practice and leadership behaviors.

A HIERARCHY OF EVALUATION INTENSITY

Evaluation questions for assessing implementation of the ITG can be articulated at three levels of intensity:

1. Fiscal and programmatic monitoring

2. Process evaluation

3. Intensive case studies

1   FISCAL AND PROGRAMMATIC MONITORING

Evaluation questions at this tier answer the questions, "Did the ITG achieve its administrative objectives?" and "Were the services and materials proposed actually developed?" Answers to elementary questions such as, "Did each county initiate a training request?" and "Was training or technical assistance conducted?" provide basic information that develops a foundation for accountability. Fiscal and programmatic monitoring helps to discern whether any shortfall in outcomes was due to a poor program, poor implementation, or to no program.

2   PROCESS EVALUATION

Evaluation activities at this level focus upon rich description, program coverage, and training and technical assistance delivery, e.g., "To what extent were practice behaviors of the ICPM addressed in the curriculum?" "What was the training delivery format?" "Who provided the training?" "What agencies/systems were represented in the training?" "What positions within the organization were the trainees?" The development of a web-based training and technical assistance (TTA) tracking system to record information regarding training requests and the amount, types, and characteristics of TTA services provided should be considered. A multi-function TTA tracking system supports data collection for evaluation, event and work monitoring, and coordination and communication. Such a system can be configured to contribute to the creation of reports for stakeholders.

Feedback from TTA recipients is a key element of process evaluation. Survey responses from trainees can be solicited at one of several levels based upon the intensity and duration of the services received. The first-level training recipient survey invites responses to standard consumer satisfaction questions (e.g.,

logistics, facilities, and overall assessment of training or technical assistance quality, utility, and value). Any problematic elements of the TTA process (e.g., those that are difficult to understand, perceived as irrelevant, off-target, non-engaging, or not regarded as useful and/or helpful) can then be retooled and pilot tested to confirm improvements before further use.

A second level TTA recipient survey might be administered as a pre- and post-test to assess the post-event use of materials and resources, gains in knowledge and skills, changes in attitude and modifications to practice in the short term (60 to 90 days). These results will indicate movement toward outcomes.

3 | INTENSIVE CASE STUDIES

These can be conducted to explicate the process of practice and policy change and the outcomes such changes produce over time. The assessment of ITG outcomes employs evaluation questions at the highest level of intensity. For example, questions at this level might include, "Have the principles and suggestions communicated by the ITG been integrated into county documents?" "To what extent and how did counties integrate the ITG into shared professional development planning?"

In summary, the adoption, implementation, monitoring, and fidelity of policies designed to institutionalize the ICPM must be rigorously assessed to determine whether and how the ITG contributes to the envisioned transformation to provide more holistic, comprehensive, and culturally responsive services to meet the multi-dimensional needs of children, youth, and families involved in California's System of Care for Children and Youth.

Proposal for Statewide Training Coordination

The coordinated, statewide development of workforce capacity in alliance with the Integrated Core Practice Model will likely require the convening of a state-level task force comprised of representatives from the participating human service systems.

INITIAL OBJECTIVES FOR THE PROPOSED TASK FORCE INCLUDE:

1 Establish a platform to share existing curricula and other training resources related to the training topics indicated in this guide, beginning with the Tier 1 foundational trainings listed in "Collaboration Across Systems" and "Integrated Practices."

2 Establish a curriculum inventory based on the shared materials.

3 Establish procedures to coordinate with the (prospective) statewide body for subject matter experts for integrated services delivery and research and the (existing) State System of Care Technical Assistance Team.

4 Conduct gap assessments regarding (a) staff training and (b) technical assistance for leadership.

5 Identify priority training areas to improve integrated practice.

6 Identify funding for curriculum adaptation and development based on the priority areas, the inventoried resources, and the gap assessments.

7 Develop and manage an integrated training website as a central hub for training information and training resources developed or adapted for statewide use.

Acknowledgments

The Integrated Training Guide was originally issued in conjunction with the first edition of the Integrated Core Practice Model for Children, Youth, and Families through ACIN I-21-18 (May 21, 2018). In order to better harmonize both documents, this current release of the Integrated Training Guide has been revised in alignment with the second edition of the ICPM. This guide was updated and edited by the California Social Work Education Center, University of California, Berkeley.

Development of the initial Integrated Training Guide was a highly collaborative effort involving multiple agencies and individual contributors. To each and all, we express appreciation.

This Integrated Training Guide reflects shared expectations about the near future of integrated practice and the training topics that will support its realization. It is anticipated that the guide will evolve over time in tandem with statewide progress in integrated practice and service delivery.

CALIFORNIA'S INTEGRATED TRAINING GUIDE

2024