May 18, 2018

ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-21-18
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES (MHSUDS)
INFORMATION NOTICE (IN) NO. 18-022

TO: ALL ADOPTION REGIONAL AND FIELD OFFICES
ALL COUNTY ADOPTION AGENCIES
ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHILD WELFARE PROGRAM MANAGERS
ALL FOSTER FAMILY AGENCIES
ALL SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAM DIRECTORS
ALL INDEPENDENT LIVING PROGRAM COORDINATORS
ALL GROUP HOME DIRECTORS
ALL TITLE IV-E AGREEMENT TRIBES
ALL BEHAVIORAL HEALTH DIRECTORS
ALL COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES
CALIFORNIA OPIOID MAINTENANCE PROVIDERS

SUBJECT: THE CALIFORNIA CHILDREN, YOUTH, AND FAMILIES INTEGRATED CORE PRACTICE MODEL AND THE CALIFORNIA INTEGRATED TRAINING GUIDE

REFERENCE: PATHWAYS TO MENTAL HEALTH SERVICES CORE PRACTICE MODEL GUIDE; ASSEMBLY BILL (AB) 403 and AB 1997 (CHAPTER 773, STATUTES OF 2015 and CHAPTER 612, STATUTES OF 2016); MEDI-CAL MANUAL, 3RD EDITION
The purpose of this All County Information Notice (ACIN) and Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice (IN) is to provide Child Welfare Departments (CWDs), Juvenile Probation Departments (JPDs), Mental Health Plans (MHPs), community/tribal partners, and other providers and stakeholders with the California Integrated Core Practice Model (ICPM), the California Integrated Training Guide (ITG) and a sample interagency Memorandum of Understanding (MOU) template. The ICPM provides practical guidance and direction to support county child welfare, juvenile probation, MHPs, and their partners reflective of the most current best practices for the delivery of timely, effective, and collaborative services to children, youth, nonminor dependents (NMDs), and families. The ITG provides information and resources to assist counties in developing best practices for implementing training programs and technical assistance that will improve, and sustain, the required highly integrative and family-centered teaming approaches. The sample interagency MOU template is provided as a tool for counties that choose to pursue this avenue. These products are the result of significant work by all entities named above.

Because the ICPM reflects modern best practices for holistically serving children, youth, and families, its use is strongly encouraged in the context of the Continuum of Care Reform (CCR), Pathways to Well-Being (formerly known as Katie A.), and other efforts, which it reflects.

Background

Beginning in 1997 with the successful implementation of Wraparound-based programs and the establishment of Systems of Care in many counties, team-driven service models such as Family to Family, Safety Organized Practice, and Team Decision Making have been used across the state. More recently, in 2011, the settlement agreement of the Katie A. v. Bonta lawsuit resulted in the collaboration of the California Department of Social Services (CDSS) and the California Department of Health Care Services (DHCS) developing family and team engagement approaches and best practices related to Specialty Mental Health Services (SMHS). In 2013, CDSS and DHCS released the Pathways to Mental Health Services Core Practice Model Guide in support of these integrated approaches. That document provided a comprehensive framework for counties to address the mental health needs of children and youth involved with child welfare services and built upon team-based practices with the goal of improving outcomes for children, youth, and families.

The passage of Assembly Bill (AB) 403 in 2015, commonly known as CCR, provides counties the statutory and policy framework to ensure services and supports provided to children, youth, NMDs, and families are tailored toward the goals of reducing reliance on congregate care, increasing focus on permanency, and building authentic and genuine family engagement, service planning, and decision-making through the child
and family team process. It is the intent of CCR to have children and youth, who must live apart from their biological parents, live in a permanent home with committed adults who can meet their needs.

The adoption of CCR throughout the state has prompted CDSS and DHCS to continue collaborating and partnering with counties to develop both technical solutions and adaptive processes in support of team-based approaches. In order to effectively build and sustain a local collaborative youth and family service system, a number of tools have been made available. These tools include the following:

California Integrated Core Practice Model Guide

The ICPM articulates the shared values, core components, and standards of practice reflecting findings of current research that demonstrate how collaborative and integrated family services work best in meeting the complex needs of children, youth, NMDs, and families involved with multiple, government-funded organizations. The ICPM replaces the existing Pathways to Mental Health Services Core Practice Model, and is informed by core values and principles, reflecting the CCR legislative enhancements expected from agencies serving California's children, youth, NMDs, and families. It also reflects the continuing evolution of best practices in the field. Additionally, the ICPM provides the practical guidance and direction to support counties in the delivery of timely and effective services to children, youth, NMDs, and families.

The five key components within the ICPM model include engagement, assessment, service planning and implementation, monitoring and adapting, and transition. These components are incorporated into the four phases of the ICPM when convening a CFT and working across multi-systems with children, youth, NMDs, and families.

The ICPM is organized in three main sections:

1. The first section provides background and context as to the purpose and intent of an integrated model for California's youth-serving agencies.

2. The second section defines the ICPM and the standards of practice that describe the professional behaviors from county staff and what is expected from service providers when working within the child and family team (CFT) structure. It sets out specific expectations for practice behaviors for staff in direct service as well as those who serve in supervisory and leadership roles in child welfare, juvenile probation, and behavioral health as they work together in integrated teams to assure effective service delivery for California's children, youth, NMDs, and families.
3. The third section, citing Implementation Science, addresses how to support the development and delivery of a service structure that will ensure the ICPM is implemented and supported effectively.

The ICPM values and principles, and the practice behaviors held in common, are being championed across child welfare, juvenile probation, and behavioral health systems. Each discipline should be taking steps to install and implement not only their discipline-specific practice behaviors in partnership with one another, but to support actively through Integrated Leadership and Cross Training, the universal elements of the ICPM. This shared implementation is in part necessary, because when CFT engagement is practiced with integrity, it nearly always leads to identification of needs and services for which other partners have primary responsibility. In other words, no single agency can effectively serve or prevent entry to parallel systems alone.

For California Child Welfare agencies this means installing and implementing the California Child Welfare Core Practice Model that the 58 counties have been implementing since 2012, resulting in a consensus-based adoption of a theoretical framework, components, elements, values, principles and practice and leadership behaviors. CWDs have developed a broad range of supportive tools that are being used to ensure effective implementation of the Child Welfare Core Practice Model. CWDs are strongly encouraged to share these supportive tools with partners in MHPs and JPDs so that they are able to benefit from the work of their child welfare partners.

In all cases, and regardless of the model in use, there is a major focus on engagement, relationships, and partnerships. This will further strengthen the congruence of this work with the goals and objectives of the ICPM and support coordination with partner systems that are adopting the values, principles, and practice behaviors in the ICPM.

**California Integrated Training Guide**

The ITG provides guidance for key areas of collaborative leadership, workforce development, the development of parent and youth leaders, and considerations for evaluating the effectiveness of training. The ITG outlines a series of training topics and guiding principles to assist leaders in producing coordinated, system-level change in their respective organizations to better meet the needs of parents, caregivers, children, youth, and NMDs. The content of the ITG is derived from several sources such as the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services, 3rd Edition, and the ICPM, which guides decision-making and service delivery. The ITG reflects shared understandings about current and future integrated practice, and the training topics that will support its realization. It is anticipated that this guide will evolve over time in tandem with statewide progress in integrated practice and service delivery.
Interagency Memorandum of Understanding

Counties are encouraged to establish a MOU to support CWDs, JPDs, MHPs and other partners such as local education systems to promote partnership in the care of children and youth in child welfare or juvenile probation. The California State Association of Counties released a memorandum and sample MOU which counties can customize to meet their local needs. The links to the cover memo and the sample MOU are hyperlinked here.

Inquiries

Please direct all questions to the Integrated Services Unit, at (916) 651-6600, or via email at CWScoordination@dss.ca.gov, or contact the DHCS, Mental Health Services Division, at (916) 322-7445 or via email at KatieA@dhcs.ca.gov.

Sincerely,

Original signed by

BRENDA GREALISH
Acting Deputy Director
Mental Health & Substance Use Disorder Services
Department of Health Care Services

GREGORY E. ROSE, MSW
Deputy Director
Children and Family Services Division
California Department of Social Services

Attachments

cc: County Welfare Directors Association
Chief Probation Officers of California
Judicial Council of California