



May 29, 2024

ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-21-24  
BEHAVIORAL HEALTH INFORMATION NOTICE NO. 24-021

TO: ALL CHIEF PROBATION OFFICERS  
ALL COUNTY WELFARE DIRECTORS  
ALL TITLE IV-E AGREEMENT TRIBES  
COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS  
COUNTY DRUG AND ALCOHOL ADMINISTRATORS COUNTY  
BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF  
CALIFORNIA  
COUNTY WELFARE DIRECTORS ASSOCIATION OF  
CALIFORNIA  
CHIEF PROBATION OFFICERS OF CALIFORNIA  
CALIFORNIA STATE ASSOCIATION OF COUNTIES  
CALIFORNIA REGIONAL CENTERS  
ASSOCIATION OF REGIONAL CENTER AGENCIES  
DOR REGIONAL DIRECTORS  
COUNTY OFFICES OF EDUCATION SPECIAL EDUCATION  
LOCAL PLAN AREAS

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

REFERENCES: [INTEGRATED CORE PRACTICE MODEL GUIDE](#); [ASSEMBLY BILL 403 \(CHAPTER 773, STATUTES OF 2015\)](#); [ASSEMBLY BILL 1997 \(CHAPTER 612, STATUTES OF 2016\)](#); [ASSEMBLY BILL 2083 \(CHAPTER 815, STATUTES OF 2018\)](#); AND [MEDI-CAL MANUAL, 3<sup>RD</sup> EDITION](#)

The purpose of this All County Information Notice (ACIN) and Behavioral Health Information Notice (BHIN) is to provide all Assembly Bill (AB) 2083 Children and Youth System of Care (CYSOC) partner agencies and other providers, partners, and stakeholders with the recently revised California Integrated Core Practice Model (ICPM) and updated California Integrated Training Guide (ITG).

The ICPM provides practical guidance and direction to support CYSOC partners and community-based providers in California with the most current best practices for the

delivery of timely, effective, and collaborative services to children, youth, nonminor dependents (NMDs), and families. The ICPM, when used consistently among and between partners and professionals in all engagement opportunities, is the organizational and relational glue for the System of Care.

The ICPM contains a wealth of information for leaders and practitioners across the system. The critical practice behaviors for both leaders and direct service personnel, found in Chapter Three, can also be viewed as a stand-alone resource and can be used as a desk reference, supervisory or training tool.

The ITG provides information and resources to assist counties in developing best practices for implementing their cross-training programs and technical assistance that will improve and sustain the required highly integrative and family-centered teaming approaches in use.

## **Background**

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) in developing family and team engagement approaches and best practices related to Specialty Mental Health Services (SMHS). In 2013, the CDSS and the 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 AB 403 in 2015, commonly known as Continuum of Care Reform (CCR), provided counties the statutory and policy framework to ensure services and supports provided to children, youth, NMDs, and families were 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. These prior efforts culminated in the DHCS and the CDSS jointly releasing the nation's first multi-agency core practice model guide for children, youth and families in May of 2018. Built on the legacy work of other practice model learning both in California and beyond, the 2018 ICPM provided a research-based behavioral practice and principles guide which led to effective outcomes for youth in publicly delivered services.

Parallel to the release of ICPM in 2018, the passage of AB 2083 signaled an extraordinary opportunity and expectation for county departments, county offices of education and regional centers to design and implement a local System of Care, to specifically address the needs of youth in the foster care system for trauma-based and collaboratively delivered services. While focusing on developing collaborative care for

foster youth, many counties recognized that their System of Care work and the cross-agency processes committed to within their AB 2083 Memorandum of Understanding (MOU) required a larger focus on youth in parallel systems, including those served by regional centers, schools, mental health plans, tribal communities, and in community-based prevention services.

Under AB 2083, county child welfare, behavioral health, probation, county offices of education and regional centers are now obligated via their MOUs to a joint and collaborative implementation and use of the ICPM. While nearly every one of the local MOUs submitted under AB 2083 contains some reference to the ICPM, it is critical to understand the imperative to train and implement the model across the system in a thoughtful and sustainable manner. While the MOU provides the essential formative inter departmental structures to the System of Care, the ICPM captures the essential leadership and practice behaviors, which hold the department leaders and service teams in functional alignment. Together, the MOU and its ICPM form the practical guidance for the local System of Care.

Since its original release, many other child and youth-serving constituents expressed appreciation for the unique role that the ICPM could play for their teams, as well as a desire to be included in future iterations. Based on that learning, state teams and consultants began an enhancement and review process of the 2018 training guide.

### **Integrated Core Practice Model 2024 Review and Development Process for Systems of Care:**

Beginning in the fall of 2019, subject matter experts were engaged to form short-term advisory and review teams. Those teams were supported in a series of facilitated meetings to review the ICPM content, in order to enhance, expand and develop its content to best speak to their constituents and fellow service organizations. They included:

- Tribal and Native Service and Policy Experts
- Regional centers
- Family Resource Centers/Family Support and Child Abuse Prevention Experts
- Current and Former Foster Youth
- Biological and Foster Parents and Parent Partners
- Short Term Residential Treatment Program (STRTP) and Foster Family Agency (FFA) Providers
- School and Education Teams (General and Special Ed)

### **What's New in Integrated Core Practice Model 2023:**

Based on the engagements cited above, the changes to ICPM are summarized as follows:

1. **Race, Equity and Access to Care Focus**—Content has been enhanced to support the need for attention to disproportionality and over-representation, and how the System of Care and high collaborative services support social justice pursuits.
2. **Prevention Focus**—Content reflects the value and need to engage early, offer resources and supports that prevent entry into the system of care, including services based in empirically established programs such as “Family Strengthening.”
3. **The Voice of Lived Expertise**—Content supports the role and inclusion of parents and foster youth.
4. **Tribal Emphasis**—With the help of high level input from tribes, many improvements are now present reflecting connections to the Indian Child Welfare Act (ICWA) and providing support for 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 Organizations and/or Providers**—Content references the role of providers in teaming and service delivery.
6. **Developmental Connections**—Content provides context for the critical role for teaming and planning with regional centers and the Intellectual and Developmental Disabilities (I/DD) system, to support the coordination of person-centered services and supports.
7. **System of Care**—Content has been added to anchor the ICPM within the AB 2083 partnerships. As AB 2083 was not law in 2018, the need to frame the practice model as the shared practice of the system was necessary. This 2023 version establishes that it’s a practice model intended for all System of Care partners.
8. **Practice Behaviors** —Content has been updated based on stakeholder input to more fully align to the five elements of care.
9. **New Practice Principles**—Two practice principles have been added based on national System of Care research and the stakeholder input. These are “equity based” and “trauma Informed.”
10. **The Role of Neuroscience**—Based on cutting edge practice research and the impact of trauma and secondary trauma, content was added to support the relational and emotional intelligence demands of staff in the systems.

### **Integrated Core Practice Model 2023 Implementation Recommendations:**

County Interagency Leadership Teams (ILTs) are encouraged to take steps to implement ICPM-guided service delivery through integrated leadership and cross-training. This shared implementation is necessary in part because teaming practice with integrity, leads to identification of needs and services for which other partners have primary responsibility. In other words, no single agency alone can effectively serve or prevent entry to parallel systems. The interagency ICPM will further strengthen the congruence of the goals and objectives of AB 2083, and support coordination with partner systems that are adopting the values, principles, and practice behaviors in the ICPM.

Additionally, use of the ICPM and its ability to support the coherence of local ILTs and leadership processes is exceptionally valuable as it supports readiness and design capacity for a host of other initiatives which are currently being implemented in California. A high functioning System of Care and its backbone ILT is a venue and vehicle to most effectively coordinate and share opportunities and demands when pursuing implementation of reforms such as Cal AIM, Family First Prevention Services Act, Community Schools and other school-based Mental Health delivery, Local Control Accountability Planning, California Youth Behavioral Health Initiative, and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT).

### **Integrated Core Practice Model 2023 Implementation Tool: 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 of 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.

## **Inquiries**

Please direct all questions to the Children and Youth System of Care Technical Assistance Team, via email at [SystemofCare@dss.ca.gov](mailto:SystemofCare@dss.ca.gov).

Sincerely,

### ***Original Document Signed By***

Mark Ghaly, Secretary  
California Health and Human Services Agency

### ***Original Document Signed By***

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## **Attachments**