State of California—Health and Human Services Agency

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
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CDSS
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DATE: May 13, 2025

ALL COUNTY LETTER NO. 25-12
BEHAVIORAL HEALTH INFORMATION NOTICE NO. 25-018

TO: ALL COUNTY CHILD WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
ALL COUNTY BOARDS OF SUPERVISORS
ALL CALIFORNIA TITLE IV-E AGREEMENT TRIBES
ALL MANAGED CARE PLANS
ALL FOSTER FAMILY AGENCIES
ALL WRAPAROUND PROVIDERS
COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
ALL FEDERALLY RECOGNIZED TRIBES
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
CHIEF PROBATION OFFICERS OF CALIFORNIA
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES

SUBJECT: PAYER OF LAST RESORT REQUIREMENTS AND PROTOCOLS FOR FAMILY FIRST PREVENTION SERVICES ACT PART I AND THE FAMILY FIRST PREVENTION SERVICES PROGRAM

REFERENCE: FEDERAL BIPARTISAN BUDGET ACT OF 2018 (PUBLIC LAW 115-123); 42 UNITED STATES CODE SECTION 671(e); ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES-CHILDREN'S BUREAU-PROGRAM INSTRUCTION 18-09; WELFARE AND INSTITUTIONS CODE (WIC) SECTION 16521.6; WIC SECTION 14059.5; WIC SECTION 14184.402; STATE BUDGET ACT 2021 (ASSEMBLY BILL) [AB] 128; STATE BUDGET ACT 2018 (AB) 2083; STATE BUDGET ACT 2021 (AB) 153; ALL COUNTY INFORMATION NOTICE NO. I-73-

21/BEHAVIORAL HEALTH INFORMATION (BHIN) NO. 21-055; BHIN 22-020; BHIN 22-053; ALL COUNTY LETTER NO. 22-23; COUNTY FISCAL LETTER (CFL) 21/22-110; CFL NO.20/21-96; ALL COUNTY WELFARE DIRECTOR LETTER 23-02

PURPOSE: The purpose of this California Department of Social Services (CDSS) All County Letter (ACL) and Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) is to support implementation of the local Comprehensive Prevention Plans (CPPs) by county child welfare agencies; juvenile probation departments; Tribes with an Intergovernmental Agreement with the State of California, hereafter referred to as Title IV-E Agreement Tribes; and local behavioral health agencies. This ACL/BHIN serves to inform these entities on state and federal requirements related to the Family First Prevention Services Act (FFPSA), CPPs, Evidence-Based Practices (EBPs), Payer of Last Resort Joint Written Protocol, and the intersection of FFPSA with other initiatives and programs. Additional guidance on model fidelity standards for the EBPs, Title IV-E prevention services that intersect with Medi-Cal services, and a model joint written protocol will be released with subsequent guidance.

BACKGROUND:
The FFPSA reforms federal child welfare funding under Title IV-E of the Social Security Act to authorize the use of federal Title IV-E funding for evidence-based services to children at imminent risk of entering foster care, pregnant and parenting foster youth, and the parents, guardians, Indian custodian in the case of an Indian child, and other caregivers of these children.

Part I of the FFPSA allows states to access Title IV-E federal financial participation (FFP) for evidence-based mental health services, substance use disorder services, and in-home parent skill-based services[1] that have been rated and approved by the Title IV-E Prevention Services Clearinghouse. In order for Title IV-E agencies to qualify for Title IV-E FFP, the Title IV-E prevention services must be those identified in California's Five-Year State Prevention Plan.[2] In order to claim Title IV-E funding for prevention services, Title IV-E agencies must be able to document child-specific Title IV-E prevention case information and services through the Child Welfare Services-California Automated Reporting and Engagement System (CWS-CARES). Until the implementation of CWS-

[1] In this guidance, the prevention and family services provided under the Title IV-E program are referred to as "Title IV-E prevention services."
[2] California's Five-Year State Prevention Plan, Appendix A - EBP Table

CARES, claiming for certain activities related to prevention services (i.e. administrative costs and training) should be completed as outlined in County Fiscal Letter (CFL) 21/22-110[3] and may be funded with Family First Prevention Services (FFPS) State Block Grant funds.

From federal fiscal years (FFYs) 2020 through 2026, expenses related to Title IV-E prevention services are eligible for a fifty percent (50 percent) FFP under Title IV-E. Commencing in FFY 2027, Title IV-E prevention services will be reimbursed based on the applicable FFP for the respective state. During any fiscal year, a minimum of 50 percent of the state's expenditure on prevention services must be allocated to services that meet the criteria for a "well-supported" practice. After FFY 2026, all qualifying services will be reimbursed based on the respective FFP rate for each jurisdiction. This has no impact in California because California's FFP rate is 50 percent.

POLICY:

COMPREHENSIVE PREVENTION PLAN

In accordance with Welfare and Institutions Code sections (WIC §) 16587 and 16588, local Title IV-E agencies that choose to opt in to the FFPS Program are required to submit a written plan, known as a Comprehensive Prevention Plan (CPP).[4] The components of a CPP must include primary, secondary, and tertiary prevention and intervention strategies and services that help children remain at home and avoid out of home placements.[5] Other required CPP components can be found on pages 16 through 17 in ACL 22-23[6]. Each county's CPP must include a selection of EBPs from the list of ten EBPs in the California Five-Year State Prevention Plan and rationale for each selected EBP. An exception to this EBP requirement for small counties was recently announced in ACL 24-90.[7]

Title IV-E agencies should consider Assembly Bill (AB) 2083 (Cooley, Chapter 815, Statutes of 2018) while developing their CPP. In the context of the CPP, AB 2083 Children and Youth System of Care[8] framework ("System of Care framework") plays a vital role in promoting a collaborative and effective approach to delivering prevention services to children and families. In their AB 2083 Memoranda of Understanding (MOU) and Interagency Leadership Teams (ILTs), counties are strongly encouraged to incorporate comprehensive prevention plan implementation, including the local joint written protocol described below. The collaboration of local departments, agencies, and

[3] County Fiscal Letter 21/22-110
[4] The written plan identified in WIC § 16587 and the comprehensive plan identified in WIC § 16588 encompass the comprehensive prevention plan (CPP).
[5] WIC §16588, subd. (c)(2)
[6] ACL 22-23
[7] ACL 24-90
[8] Assembly Bill 2083

Tribes in the design and implementation of an approved CPP is consistent with the System of Care framework. By using the System of Care principles of coordinated and integrated service delivery, entities can collaborate to establish processes for funding a sustainable continuum of prevention services within their CPP. This collaborative effort ensures that the funding mechanisms are in harmony with the overarching goals, promoting a seamless and comprehensive approach to prevention services for children and families. By integrating the CPP with the System of Care framework, these initiatives work together to enhance the overall effectiveness and impact of prevention strategies, fostering improved outcomes for youth and families involved in the child welfare system. For additional guidance related to AB 2083, see the Children and Youth System of Care MOU Implementation Guide[9].

ELIGIBILITY FOR TITLE IV-E PREVENTION SERVICES

If Title IV-E agencies opt-in to the FFPS program, the utilization of Title IV-E funds is contingent upon the determination of eligibility for Title IV-E prevention services. The three categories of individuals eligible for Title IV-E prevention services are: children who are "candidates for foster care," a pregnant or parenting foster youth, and parents or kin caregivers of a candidate for foster care or a pregnant or parenting foster youth[10]. California's Five-Year State Prevention Plan[11] defines a "candidate for foster care" as a child who is identified in a prevention plan as being at "imminent risk" of entering foster care, but who can remain safely in the child's home or in a kinship placement, including placement with a relative or extended family member in the case of an Indian child, if eligible prevention services that are necessary to prevent the entry of the child into foster care are provided.[12]

Title IV-E agencies and Title IV-E Agreement Tribes must determine whether an individual is eligible for Title IV-E prevention services, including whether an individual is at "imminent risk" of entering foster care. A determination as to "imminent risk" of entering foster care can only be made on a case-by-case basis, with thoughtful consideration for each child and family's unique needs and circumstances, and with use of an unbiased process and/or tools to assess risk. WIC §16586, subd. (a)(2) states "a child may be considered at imminent risk of foster care when the county or tribal case worker determines, based upon an assessment, that prevention services are necessary to mitigate the child's risk of entry or reentry in foster care, and the child meets the criteria for imminent risk of foster care established in the State Plan for Title IV-E prevention services and programs and approved by the United States Department of Health and Human Services, Administration for Children and Families". Individualized risk assessments will be required to determine

[9] Trauma Informed System of Care Memorandum of Understanding Implementation Guidance
[10] Public Law No: 115-123 Bipartisan Budget Act of 2018 ; 42 U.S.C.A. § 671, subd. (e)(1) & (2).
[11] California's Five-Year State Prevention Plan
[12] WIC § 16586

whether an individual child meets the criteria of being at imminent risk of entering foster care. Title IV-E agencies and Title IV- E Agreement Tribes will determine how to assess for imminent risk; however, imminent risk can be viewed in context with presenting risk factors of the family as well as current family circumstances.

EVIDENCE-BASED PRACTICES

Once eligibility for Title IV-E prevention services has been determined, Title IV-E funding may only be used for the EBPs identified in California's Five-Year State Prevention Plan and in the local Title IV-E agency's CPP[13]. Ten well-supported EBPs from the Title IV-E Prevention Services Clearinghouse[14] have been chosen for inclusion in California's Five-Year State Prevention Plan:

- Nurse Family Partnership (NFP)
- Healthy Family America (HFA)
- Parents As Teachers (PAT)
- Parent-Child Interaction Therapy (PCIT)
- Multisystemic Therapy (MST)
- Brief Strategic Family Therapy (BSFT)
- Family Check-Up
- Functional Family Therapy (FFT)
- Homebuilders
- Motivational Interviewing for Substance Use and Cross-Cutting Case Management

As outlined in ACL 22-23, the local Title IV-E agencies and their partners must complete asset mapping and a needs assessment to assist with the selection of prevention strategies and EBPs. The cross-sector collaboration must include representation from child welfare, local behavioral health agencies, probation, Community Based Organizations (CBOs), Family Resource Centers (FRCs), the Child Abuse Prevention council (CAPC), and individuals with lived experience. Title IV-E agencies must also engage and invite Indian Tribes and are advised to collaborate with Indian Health Services, providers contracted through County Behavioral Health Plans (BHPs), and Medi-Cal Managed Care Plans (MCPs). Local Title IV-E agencies must consult their local behavioral health agencies in the selection of the EBPs.

To qualify for Title IV-E funding, each CBO or provider is required to deliver EBP services to model fidelity standards specific to each EBP. CDSS, in consultation with subject matter experts, have established a proposal for model fidelity oversight, that includes

[13] County Fiscal Letter 21/22-110
[14] Title IV-E Prevention Services Clearinghouse

using periodic reviews to assess and monitor fidelity across Title IV-E agencies and Title IV-E Agreement Tribes. Title IV-E agencies and Title IV-E Agreement Tribes must describe how they will ensure adherence to model fidelity protocols in their CPP. When contracting with other entities for EBP delivery Title IV-E agencies and Title IV-E Agreement Tribes must include terms that require participation in state-level oversight and monitoring of caseload levels. Title IV-E agencies and Title IV-E Agreement Tribes shall explore various ways to support CBOs and other providers to ensure they meet the requirement to adhere to model fidelity standards for EBP delivery, including establishing local model fidelity oversight systems as well as opportunities for funding to support maintenance of fidelity standards. The overarching goal is to guarantee that all EBPs, whether delivered by external entities or local agency staff, adhere to model fidelity standards to ensure effective and high-quality prevention services. Model fidelity standard requirements for each EBP will be released in subsequent guidance.

PAYER OF LAST RESORT

The FFPSA names Title IV-E the payer of last resort for Title IV-E prevention services (i.e., EBP models).[15] Per WIC § 16588 (f)(1), if a prevention service under the FFPS program would have been covered by a public or private source if not for the enactment of FFPSA (Public Law 115-123), the Title IV-E agency is not responsible for paying for that service. “If public or private program providers (such as private health insurance or Medicaid) would pay for a service allowable under the Title IV-E prevention program, those providers have the responsibility to pay for these services before the Title IV-E agency is required to pay.”[16]

Title IV-E agencies may use Title IV-E funds to temporarily pay a provider for Title IV-E prevention services that are otherwise covered by another private or public source if the local governance body identified in the CPP determines using Title IV-E funds is necessary to prevent a delay in providing appropriate EBP prevention services. In this circumstance, the Title IV-E funding can be accessed as a temporary measure to ensure the uninterrupted delivery of services.

Title IV-E agencies should establish how reimbursement will occur through their local joint written protocol. Title IV-E Agreement Tribes are encouraged to establish an internal protocol or policy with providers regarding reimbursement. The primary objective is to ensure that children, youth, and families receive timely support without unnecessary delays.

When determining financial responsibility, the agency should consider the following possible

[15] 42 U.S.C.A.§ 671, subd. (e)(10)(C).
[16] ACYF-CB-PI-18-09

sources:

- **Private insurance**: Determine whether the child, youth, or family has private insurance coverage that covers the services or part of the services.
- **Public and private funding**: Check within local county contracts if there are other available public and private funding sources which were available prior to the enactment of FFPS that could cover the costs of the Title IV-E prevention services and programs. This step should have been completed as part of the asset mapping/needs assessment.

  Examples of potential public and private funding sources include, but are not limited to, the Community-Based Child Abuse Prevention (CBCAP), Child Abuse Prevention, Intervention and Treatment (CAPIT), Promoting Safe and Stable Families (PSSF), California Work Opportunities and Responsibilities to Kids (CalWORKs), Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, Prevention and Public Health Fund, Behavioral Health Services Act (BHSA), local Regional Center funding, and funding from non-government entities (i.e. donors, foundations). More information related to prevention funding streams can be found in the Comprehensive Prevention Services Fund Chart[17].
- **Medi-Cal**: Determine if the child, youth, or family has or is eligible for Medi-Cal coverage. Determine whether the Title IV-E prevention service needed is a covered Medi-Cal service, and whether the provider rendering the service is a Medi-Cal provider. If the individuals are Medi-Cal members, the service is a medically necessary Medi-Cal service, and the provider is a Medi-Cal provider, the cost of the service may be covered by Medi-Cal so long as all other Medi-Cal requirements are met.

  Note: Indian Health Care Providers (IHCPs) must be reimbursed for services as if they are Medi-Cal enrolled providers. IHCPs are not required to contract with the Medi-Cal service delivery system to be reimbursed for covered services provided to American Indian/Alaska Native Medi-Cal members.[18]
- **Title IV-E**: Determine if the child meets candidacy requirements to be eligible to receive Title IV-E funding for the prevention service.

Title IV-E agencies and Title IV-E Agreement Tribes should examine their current funding sources for programs, particularly with a focus on the utilization of any available funding that would have been allocated for these programs if the FFPSA had not been enacted. As part of the CPP's asset mapping and needs assessment, local Title IV-E agencies are

[17] California Prevention Services Funding Chart
[18] See BHIN 22-020; BHIN 22-053; BHIN 23-027; for details

required to analyze pertinent demographics and data, including existing prevention services and their funding sources. This mapping helps to illustrate service needs and regional service gaps. The aim is to maintain Title IV-E as the final funding option.
Per Administration for Children and Families guidance, Title IV-E prevention funds must supplement, and cannot supplant, funding used for the State Maintenance of Effort (MOE), which is calculated based upon 2014 funding levels for EBPs meeting model fidelity and delivered in a trauma informed manner which were rated in the Title IV-E Prevention Services Clearinghouse at the time the State Plan was approved[19].
State guidance provided in CFL 20/21-96 outlines the expenditures included in the FFPSA MOE[20]. For example, if a local Title IV-E agency is currently using Temporary Aid to Needy Families (TANF) funding to support a home visiting program, they are not permitted to substitute that funding with Title IV-E funds and allocate the TANF funding towards a different program. The Title IV-E funds can be used to expand the home visiting program.

MEDI-CAL SERVICES AND ENROLLMENT

If a Title IV-E agency decides a Medi-Cal member who is eligible for FFPSA Part I could benefit from an EBP identified in the CPP, and that EBP is available through an enrolled Medi-Cal provider, that service might be covered through Medi-Cal so long as it is medically necessary, and all State and federal Medicaid requirements are met. However, if the EBP identified in the child or youth's prevention plan is not available through a Medi-Cal enrolled provider the Title IV-E agency can choose to refer to a non-Medi-Cal provider and those services may be covered under FFPSA Part I, not under Medi-Cal.

Families are not required to apply for Medi-Cal to receive Title IV-E prevention services under FFPSA Part I. However, as part of a comprehensive prevention planning approach, county programs should assist with enrolling in private and public health coverage programs (i.e., Medi-Cal, Medicare, health insurance). As stated in All County Welfare Directors Letter 23-02, foster children placed under the jurisdiction of a tribal court must be enrolled in Medi-Cal and county agencies are required to assist the tribe in the enrollment process since tribes do not have direct access to the Medi- Cal enrollment eligibility process.

JOINT WRITTEN PROTOCOL

Per WIC § 16588 (f)(2), CDSS and DHCS will develop a model joint written protocol for counties and Title IV-E Agreement Tribes, to determine what programs are responsible for payment of prevention services. DHCS will provide forthcoming guidance on Medi- Cal Specialty Mental Health Services (SMHS) EBP models and Medi-Cal services that are

[19] ACYF-CB-PI-18-09
[20] CFL NO.20/21-96

components of EBP models.

Counties that elect to provide FFPS Program prevention services must establish a local joint written protocol between the child welfare agency, probation department, behavioral health agency, and other appropriate entities pursuant to WIC § 16588, subd. (f)(3). When establishing its local joint written protocol, the county must use the model protocol that will be developed by CDSS and DHCS or an equivalent approved by CDSS. The primary purpose of a local joint written protocol is to identify specific prevention services and determine the program responsible for payment, in part or whole, for each prevention service provided to an eligible child, youth or parent. County Title IV-E agencies are strongly encouraged to collaborate with their ILTs and Tribes in developing a local joint written protocol and include it as part of the AB 2083 MOU, to foster a cross-collaborative network of support tailored to meet the diverse needs of families. This cross-collaborative network should aim to leverage existing programs and funding sources for children, youth, and families, to ensure a comprehensive and unified approach. Recognizing the multifaceted nature of families' needs, which span across various public and private systems and agencies, the joint written protocol will be a vital tool for effective coordination and identifying fiscal responsibilities. By reaching across professions and service sectors, Title IV-E agencies can develop comprehensive approaches to address these diverse needs and promote the well-being of children and families.

The intention of FFPSA is to increase access to services for families with children at imminent risk of entering foster care and pregnant and parenting foster youth. Title IV-E agencies contracting with a program or provider that delivers one or more of the EBPs are not required to become Medi-Cal providers. While CDSS does not mandate

EBP prevention providers to become enrolled as Medi-Cal providers or to contract with BHPs, or MCPs, Title IV-E agencies are encouraged to explore contracts offered through their BHP, MCPs, and Local Education Agencies that offer Medi-Cal services and the EBPs selected to serve their populations.

Matching Needs to Services and Coordination of Services
Title IV-E agencies and their CPP teams, and community-based providers delivering selected EBPs as part of their CPP implementation, should establish a method to identify or determine which prevention services a family may be eligible for, including services not covered by Title IV-E and Medi-Cal. The Title IV-E agencies and their CPP teams should also establish a process to guide the family on how to access the Title IV- E prevention services.

To receive Title IV-E funds, service providers of the EBPs are required to adhere to the

model fidelity standards[21] in the delivery of EBPs for prevention services for the FFPS program. The contracted local service provider, responsible for delivering EBPs, must ensure model fidelity standards are met under the monitoring and oversight of the local Title IV-E agency or Title IV-E Agreement Tribe.

FAMILY FIRST PREVENTION SERVICES ACT INTERSECTIONS

There are numerous initiatives, programs, and models in California that share common goals with FFPSA and FFPS and serve the same or similar target populations. The shared goals include improving the well-being and behavioral health outcomes of children, youth, and families and promoting family preservation. Therefore, Title IV-E agencies should align their selection of EBPs with their local county and state efforts and funding options when applicable, including but not limited to the following prevention efforts, initiatives, programs, and models:

Children and Youth System of Care

In 2018, AB 2083 was established, which required each county to develop and implement an MOU outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. The legislation is focused on the child welfare system, but the focus can and should be expanded to include children and youth served by various other systems. The legislation calls for the establishment of a state Joint Interagency Resolution Team to provide guidance, support, and technical assistance to counties regarding trauma- informed care to foster children and youth. In 2021, AB 153 (Chapter 86, Statutes of 2021)[22] was established, which amended WIC §16521.6[23] and instructed counties to include processes, as developed through tribal consultation with the federally recognized tribes within each county, for engaging and coordinating with these tribes in the ongoing implementation of the MOUs. The AB 2083 Children and Youth System of Care aligns with the FFPSA by emphasizing a coordinated, timely, and trauma-informed approach.

System of Care focuses on coordinating and integrating services for children and youth, particularly those involved in the child welfare or juvenile justice systems and promotes a comprehensive and collaborative approach to service delivery to develop a local System of Care that brings together multiple agencies and providers to ensure that children and youth receive the necessary supports across various domains of their lives. More can be found on the System of Care website[24].

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[21] See "Program or Service Delivery and Implementation" Section within each EBP at: Title IV-E Prevention Services Clearinghouse
[22] AB 153
[23] WIC § 16521.6
[24] Children and Youth System of Care - California Health and Human Services Agency

California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration
The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative is designed to increase access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs. BH-CONNECT is comprised of a new five-year Medicaid Section 1115 demonstration and State Plan Amendments (SPAs) to expand coverage of EBPs available under Medi-Cal, as well as complementary policies to outline standards for participation in BH-CONNECT and strengthen behavioral health services statewide. BH-CONNECT reduces reliance on facility-based care while strengthening community support to improve access and outcomes for individuals with significant behavioral health needs.

BH-CONNECT expands Medi-Cal service coverage, drives performance improvement, and supports fidelity implementation for evidence-based practice models to improve outcomes for Medi-Cal members experiencing the greatest inequities. As a result, members can avoid unnecessary emergency department visits, hospitalizations, and inpatient or residential facility stays, reduce involvement with the justice system, and feel healthier. Please visit (California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Waiver [25]) for more information.

The Children and Youth Behavioral Health Initiative
The Children and Youth Behavioral Health Initiative (CYBHI)[26] seeks to ensure that all children and youth, regardless of health payer, have access to behavioral health services. Included in the CYBHI are EBPs and Community Defined Evidence Practices (CDEP) Grant Program[27], which provides an opportunity for organizations seeking to scale EBPs and CDEPs[28] that improve youth behavioral health based on robust evidence for effectiveness, impact on racial equity, and sustainability. The aim is to improve access to critical behavioral health interventions, including those focused on prevention, early intervention, and resiliency and recovery for children and youth. Several of the grantees are scaling EBPs and CDEPs identified in California's Five-Year State Prevention Plan and local CPPs.

CalWORKs Home Visiting Program
The CalWORKs Home Visiting Program aims to support positive health development and well-being outcomes for pregnant and parenting people, families, and infants born into poverty, expand their future educational, economic, and financial capability opportunities,

[25] BH-CONNECT
[26] Strategic Areas – CYBHI
[27] https://www.dhcs.ca.gov/CYBHI/Pages/EBP-CDEP-Grants.aspxEBP-CDEP-Grants
[28] Scaling Evidence-Based and Community-Defined Evidence Practices – CYBHI

and improve the likelihood that they will exit poverty. Please visit the CalWORKs Home Visiting Program[29] website for more information and EBPs being implemented.

California Home Visiting Program (Public Health)
The California Home Visiting Program is a preventive intervention focused on promoting positive parenting and child development. It is designed for overburdened families who are at risk for Adverse Childhood Experiences (ACES), including child maltreatment, domestic violence, substance use disorder and mental health related issues. Please visit the California Home Visiting Program[30] website for more information and EBPs being implemented.

Behavioral Health Services Act Components Involving Children and Youth
The BHSA replaces the Mental Health Services Act of 2004. The Behavioral Health Services Act strengthens tools to treat those with more serious conditions and to intervene early, meeting children, youth, and their families where they are to disrupt the trajectory toward illness, stop behavioral health problems before they start and other adverse outcomes. The BHSA components that align with FFPSA include Behavioral Health Services and Supports (BHSS) and Full-Service Partnerships.

- BHSS Priority Populations for children and youth include:
  - Chronically homeless or experiencing homelessness or are at risk of homelessness.
  - In, or at risk of being in, the juvenile justice system.
  - Reentering the community from a youth correctional facility.
  - In the child welfare system.
  - At risk of institutionalization.

Please visit the BHSA website[31] for more information.

Community Schools Partnership Program
The California Community Schools Partnership Program supports schools' efforts to partner with community agencies, including family resource centers, and local government to align community resources to improve student outcomes. These partnerships provide an integrated focus on academics, health and social services, youth and community development, and community engagement. Please visit the Community Schools - Transforming Schools: Superintendent's Initiatives[32] website for more information and a list of grantees.

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[29] CalWORKs Home Visiting Program
[30] California Home Visiting Program
[31] Behavioral Health Transformation
[32] Community Schools - Transforming Schools: Superintendent's Initiatives (CA Dept of Education)

First 5 California
First 5 California partners, supports, and advocates for programs and initiatives in early education and health programs, services, and resources specifically for young children prenatal through age five and their families. Some of the initiatives include supporting the sustainability of family resource centers and other comprehensive community hubs for integrated services for children and families. Please visit the First 5 California[33] website for more information.

If you have any questions or need additional guidance regarding the information in this letter, contact the CDSS Family First Prevention Services Team at (916) 651-6160 or at ffpsapreventionservices@dss.ca.gov, or DHCS at FFPSAPreventServ@dhcs.ca.gov.

Sincerely,

Original Document Signed By

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

Original Document Signed By

PAULA WILHELM
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Behavioral Health
Department of Health Care Services

Attachments

[33] First 5 California

APPENDIX A
Definitions

Local Joint Written Protocol: A local joint written protocol identifies specific prevention services and the program responsible for payment, in part or whole, for each selected EBP model provided on behalf of a child.[34] A local joint written protocol shall be developed through collaborative efforts between the county child welfare agency, probation department, behavioral health agency, Tribes, and other system of care partners, including the Interagency Leadership Team (ILT) as appropriate.

Prevention Plan: A written document that meets the requirements set forth in Section 471(e)(4) of the Federal Social Security As (42 U.S.C. Sec 671(e)(4)[35].

Medically Necessary and/or Medical Necessity: In accordance with WIC §14059.5 and 14184.402, for individuals under 21 years of age, a service is “medically necessary” or a “medical necessity”, if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code (U.S.C.).

[34] WIC §16588(f)(3)
[35] WIC §16586(d)