INTEGRATED TRAINING GUIDE

DHCS
California Department of
HealthCareServices

CDSS
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DEPARTMENT OF
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CHAPTER 1: INTRODUCTION

The California Integrated Training Guide (ITG) supports cross-system practice and service delivery by providing recommendations about a series of trainings that advance collaboration among child and family service agencies, affiliated human service organizations, families, tribes, and related support networks. The implementation of new priorities, such as collaboration and teaming, requires modification and transformation in the structure of agencies, the directives for policies and procedures, and the expectations for leaders and staff at all levels. Workforce development through training is an important means for advancing the knowledge, skills, and values of leaders and practitioners and an integral component of the overall implementation required by new directions for practice.

While human services are often divided into specialty areas, there is widespread recognition of the interconnectedness of disciplines, which invites all youth and family serving partners to view children and youth holistically, and to move beyond prescribing a set of often disparate services that each minister to different aspects of human experience. Additionally, with respect to service planning, agencies and practitioners are called upon to respond to clients who seek a greater voice in the workings of public agencies and in determining their own lives.

The term “integrated training” used herein refers to training content which crosscuts agencies and organizations that serve children, youth, and families involved in publicly administered systems. This ITG is rooted in the affirmation that social and behavioral services are more effective in improving safety, permanency, and well-being outcomes when service providers and family members collaborate as a child and family team, with the meaningful participation of the family in formulating objectives and planning services to accomplish their goals. A Child and Family Team (CFT) is based on trust that emanates from mutual respect and a holistic view of each individual. Service agencies are responsible for creating the organizational climate that enables the development of trusting relationships.

This ITG recommends, rather than mandates, the delivery of integrated training and shared practice. In order to strengthen the integration of public service systems and partnering organizations, this plan recommends topics that build awareness of common practice concerns, outline basic organizational functions of the collaborating agencies, and describe methods for working collectively. The integration of training topics and audiences among multiple sectors

supports consistent practice standards and values, and mutual goals for improving short- and long-term outcomes for individuals and families. In addition, this plan provides guidance for workforce development that reflects a changing practice environment which honors the complexities of the individual, the diverse life experiences of children, youth, and families as embedded in their social and economic realities, and their desires for self-determination. Whether in the fields of social welfare, health, education, or in any other human service organization, we who are dedicated to improving lives are tasked with doing our part to provide opportunities to children, youth, and families to heal from adversity and to develop their life skills.

CHAPTER 2: KEY RECOMMENDATIONS

Key recommendations for supporting the creation of a culture of shared practice and integrated service delivery through this training guide involve the dedication of agency leaders, training professionals committed to the role of coordinated systems change, a new level of collaboration with youth, families, and tribal partners, and the fiscal resources for the training mission of inclusive, integrated practice.

This guide cannot be simply reduced to a set of trainings. Implementation of the guide requires the collaboration of multiple agencies and partners in the development and adaptation of training content, training delivery, and outreach to audience participants. While specific content may change over time to respond to new practice needs, the cross-agency infrastructure to support implementation of this training guide will need to be developed and sustained. To improve the likelihood for success, agency leaders are advised to follow guidelines provided by the National Implementation Research Network (NIRN)[1].

Recommendations for Leadership, with assistance from training entities, as needed:

- Form implementation teams within and across participating agencies at the local and regional levels that are accountable for using effective implementation methods. (Refer to the NIRN website for further guidance: http://nirn.fpg.unc.edu/learn-implementation.)
- Inventory local training entities and training capacity in local partnering agencies.
- Facilitate local and regional coordination for training, coaching, and curriculum adaptation across training sectors that comports with the shared approach to practice and integrated service delivery.
- Facilitate outreach and the hosting of agency trainings for audiences across a spectrum of practice sectors, service providers, tribal partners, and youth and family leaders, based on the relevance of individual topics.

[1] NIRN, *Learn Implementation*. Retrieved from: http://nirn.fpg.unc.edu/learn-implementation

- Facilitate the inclusion of interested parents and youth as trainees for topics they deem relevant for expanding their knowledge about child-serving systems and child and youth development.
- Identify interagency and intergroup barriers to coordinating curriculum adaptation and training audiences from diverse sectors.
- Recruit tribal partners, parent leaders, and youth leaders to participate in various aspects of training implementation.
- Employ a policy-practice communication loop whereby members of the implementation team confer with leaders and trainers to detect and resolve implementation problems.
- 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.
- Consider establishing a regional network that serves as a stakeholder/advisory body for integrated practice and service delivery.
- Invite representatives from County Welfare Directors Association of California (CWDA), County Behavioral Health Directors Association of California (CBHDA), and Chief Probation Officers of California (CPOC) to provide county-level perspectives to guide training for management and staff in the respective public systems of child welfare, behavioral health, and juvenile probation.
- Consult with training and technical assistance entities to implement the key recommendations.

Recommendations for Staff Development Personnel and Trainers Across Practice Sectors:

- Undertake a coordinated review (at the relevant local, regional, or state level) of existing curricula related to the training topics specified in this training guide to identify gaps in content and to assess modifications needed for application to the integrated practice environment.
- Undertake coordinated planning across sectors to begin delivering training topics and coaching as outlined in this training guide.
- Engage tribal partners, parent leaders, and youth leaders in:
- Meaningful participation in monitoring the implementation of this training guide
- Adaptation or development of training curriculum for this training guide
- Delivery of trainings or training segments that draw on their lived experience or heritage

Recommendations for Resources:

- Resources will be needed at county, regional, and state levels to establish the collaborative infrastructure necessary for developing, sustaining, and evaluating the ITG according to the principles of implementation science.
- Agencies are encouraged to use funding options flexibly to maximize the impact of currently available training and technical assistance that comport with this guide, while those at the leadership level can advance thinking and values that support broader integrative practices.

CHAPTER 3: BACKGROUND AND CONTEXT

The original impetus for the ITG was the Settlement Agreement of the Katie A. v. Bonta et al. class action lawsuit, which necessitated a reconfiguration of the public child welfare and children's mental health systems to provide medically necessary individualized mental health services to children in foster care or at imminent risk of foster care placement. While the Katie A. lawsuit involved the interface between child welfare and mental health systems, stakeholders, and proponents of collaborative service models and recent legislative reforms have expanded the scope of collaboration and teaming to incorporate all child and family-serving organizations that intersect with public child welfare agencies.

Development of this ITG was commissioned by Katie A.'s Shared Management Community Team, comprised of family and youth members, advocates, providers, county representatives, and state representatives from the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS). The Community Team recommended the Pathways to Well-Being Workgroup (Pathways Workgroup) to prepare an ITG. This guide is based on the workgroup's previous coordination of the Katie A. Learning Collaborative, which provided training and technical assistance to counties for building agency infrastructure and delivering training necessary to implement the Pathways to Well-Being Core Practice Model. The Pathways Workgroup is a subcommittee of the Statewide Training and Education Committee (for the field of child welfare) and is coordinated by the California Social Work Education Center (CalSWEC). Workgroup members include training partners from the Regional Training Academies (RTAs) for child welfare, the University Consortium for Children and Families, the Resource Center for Family Focused Practice (RCFFP), the California Institute for Behavioral Health Solutions (CIBHS), the Child and Family Policy Institute of California (CFPIC), DHCS, CDSS, and advocates for parents and youth from the Community Team.

The content of this ITG is derived from several sources. The guide draws heavily from the Pathways to Well-Being Integrated Core Practice Model Guide (2017) and its companion document, the Medi-Cal Manual, 3rd edition (2017), developed in response to the Katie A. Settlement Agreement. Another principal source is the Child Welfare Core Practice Model (September 2016), which guides decision making and service delivery within a framework that improves and sustains practice. The Child Welfare Core Practice Model incorporates and builds upon key elements of the Pathways to Well-Being Integrated Core Practice Model and other initiatives, which include California

Partners for Permanency (CAPP) and Safety Organized Practice (SOP). A significant and related change in practice is also occurring through the Continuum of Care Reform (CCR), which involves collaboration across an enlarged network of service providers to bolster permanency for children and youth by expanding access to stable family homes and providing intensive mental health treatment, if needed, in the home or in a home-like setting. Common threads in the practice models and recent reforms that inform this ITG include family-centered practice, multi-agency collaboration, meaningful participation of youth and families in child and family teams, and family-friendly services provided in local communities. All of these characteristics support safety, permanency, normative development, and well-being.

While most of the sources consulted for writing this plan originate in child welfare practice, statewide efforts are currently underway to develop core practice models for the fields of public mental health and juvenile probation, such that all three public systems will be united and integrated under the umbrella of a shared practice approach. This ITG reflects current shared understandings about the present and near future of 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.

CHAPTER 4: RATIONALE

Vision

California's public human service agencies, partnering organizations, service providers, tribes, and community-based groups will receive universal, family-centered, trauma-informed, and culturally responsive training that supports integrated service delivery systems which are most effective in assuring the permanency, stability, and well-being of children, youth, and their families.

Mission

In order to advance California's shared approach to statewide integrated practice among the child welfare, behavioral health, and juvenile probation systems, this ITG establishes a flexible and adaptive training, coaching, and technical assistance framework to transform the workforce to better meet the needs of parents, caregivers, children, and youth.

Purpose

This training guide is intended to support the state's shared approach for child welfare, behavioral health, and juvenile probation. The guide is offered to participating systems and partnering agencies for advancing the statewide transformation effort to produce better outcomes for California's most vulnerable families. The training implementation outlined in this guide endeavors to prepare leaders from partnering organizations to enact coordinated, systemic changes and to empower staff to collaborate, build relationships, and form practice teams that fully engage families and tribes.

For purposes of this training guide, the term “leader” refers to any individual within an organization that has an instrumental role in system-level change, whether a director, manager, supervisor, or a group leader responsible for implementation activities. At the leadership level, the training guide provides general guidance for key areas of collaborative leadership, workforce development, the development of parent and youth leaders, and considerations for evaluating the progress of the training guide. The guide outlines a series of training topics to assist leaders in producing coordinated, system-level change 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, tribes, and the family’s circle of support; (2) reinforcing knowledge and values, and building practice skills through ongoing coaching and supervision; (3) establishing interdisciplinary audiences drawn from the spectrum of affiliated services and stakeholders; and (4) utilizing the expertise of tribal advocates and parent and youth leaders to deliver training topics that reflect their histories and lived experiences.

Through these strategies, this training guide seeks to integrate and improve the landscape of service delivery by conveying the importance of cross-agency teams in which families have a central role, providing a shared understanding of trauma-informed practice, and honoring the cultural diversity of families, tribes, and communities. Training topics uphold individualized service plans based on 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 or tribal community. Training topics intersect with the shared practice components of assessment, including a single, uniform and mutually accessible Child and Adolescents Needs and Strengths (CANS) assessment tool, engagement, service planning and implementation, monitoring and adapting the service plan, and transitioning away from formal services to informal supports.

By providing the recommended training and coaching for leaders and staff, this ITG will play a valuable role in propagating a newly integrated culture of practice in which children, youth, and families are at the center of high-quality, coordinated services and supports. This evolution of practice culture will demonstrate recognition of children, youth, and families as the experts on their own lives and goals, with deference to their

preferences and focus on their strengths as plans are developed. Additionally, when the involvement of more than one system partner is required to address the needs of children, youth, and families, plans will reflect the integrated and aligned efforts of all involved.

CHAPTER 5: DEVELOPMENT OF TRAINING CONTENT AND WIDENING OF AUDIENCE PARTICIPATION

The guide provides recommendations for implementing a training program that will improve and sustain collaborative, family-centered practice. Principles that underlie training content and training delivery are proposed, and guidance is offered about methods for building the collaborative leadership capacity of agencies, youth, and parents to support training and practice.

The ITG focuses on training topics that enable all involved families, support persons, and service organizations to build relationships and work together effectively on behalf of children and youth. Participating agencies are likely to conclude that they already conduct trainings for their staff that are similar or the same as those recommended in this guide. However, the totality of what is suggested here may be more comprehensive in scope and more fully targeted to the inclusion and collaboration of multiple organizations, youth, families, and tribes. As partnering agencies and groups become more attuned to an integrated practice environment, it is anticipated that curricula about best practices that currently exist in “siloed” form for a single professional sector will, in the future, be replaced or amplified by curricula about universal best practices that apply across service systems and agency types. At present, individual agencies and groups will need to assess where gaps exist in staff training and in building the bridges of knowledge, skills, and values for all participants in the child and family team process who collectively plan, deliver, receive, and monitor services. In addition, the training series is intended for joint delivery to diverse audiences, which may be comprised of individuals that represent many affiliations, such as family and youth leaders, practitioners from different specialties, and various types of service providers. For many agencies, joint training will need to be newly instituted or expanded to wider audiences. Agencies may wish to consider creating an inventory of their local service providers, affiliated organizations, and tribal partners in order to plan outreach for inviting audiences to attend relevant cross-trainings. Parents and youth who come to the attention of public youth and family serving systems may benefit by participating in particular trainings of their choice, such as those related to child and youth development, and the functions and processes of child-serving systems. Parents and youth who are so motivated should actively be supported to participate in relevant trainings. (For a complete list of potential audience groups, see pages 21-22.)

Many curricula and training resources related to the Topic Areas for Integrated Training (see pages 15-20) already exist in the public domain. These were developed for implementing the Pathways to Well-Being Core Practice Model (now known as the Integrated Core Practice Model) by many training partners, including the California Institute for Behavioral Health (CIBHS), the Regional Training Academies (RTAs), the Resource Center for Family-Focused Practice (RCFFP), the University Consortium for

Children and Families (UCCF) and the California Social Work Education Center (CalSWEC). Additional training resources are available on the websites of multiple organizations that focus on child welfare and/or behavioral health, such as the Chadwick Center for Children and Families, the National Child Trauma Support Network (NCTSN), Chapin Hall, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Children's Bureau of the Administration for Children & Families.

While existing training materials provide excellent coverage for many topics listed in this ITG, some curricula may nevertheless require adaptation to strengthen the collaborative, family-centered emphasis of integrated training and service delivery. In addition, existing curricula and learning objectives will likely need to be further tailored for joint and lay audiences with diverse affiliations and needs.

Coaching and supervision related to the Topic Areas for Integrated Training are noted as essential components of the guide to assure learning transfer from training to practice. Coaching and supervision should provide a safe place for practitioners to explore and learn how best to align with the shared practice model. Practice changes nurtured by the relationship between the supervisor and supervisee can be transposed to the practitioner's relationships with children, youth, and families. Consultation that accompanies trainings for leadership is similarly advised. Some partnering agencies already have an infrastructure that supports coaching and consultation, while other collaborators may need to grow this component.

As described earlier, this ITG provides an initial iteration of training implementation to support the creation of a new, required, collaborative practice environment. Future development of the guide will necessitate additional collaborative work to align and refine content for different configurations of partnering agencies and groups in order to address their needs as joint audiences for specific topics. As new cross-system training needs arise in future years, the specific training topics in this guide will be modified accordingly.

Topic Areas for Integrated Training

Overview

The recommended training series supports a multi-system shared approach to practice through its relevance to the primary components of the work of child and family teams: Prevention, Engagement, Assessment, Planning and Service Delivery, Monitoring and Adapting, and Transition to informal supports. While each topic is suitable for cross-training that involves two or more training partners, individuals and groups in the audience may have different training needs. 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.

Topic areas for professional staff and community partners are classified into two tiers. Tier 1 trainings formulate a common knowledge base across partnering agencies and groups and Tier 2 trainings deepen understanding and build skills for specialized areas of practice, service provision, and caregiving. Tier 1 and Tier 2 topic areas are each

followed by coaching and/or supervision in order to consolidate knowledge and skills acquired during the trainings for application in real-world settings. An additional training series, the Leadership Tier, is offered for directors, managers, and supervisors to provide guidance for developing and sustaining agency infrastructures that support integrated practice and service delivery. Coaching and consultation are necessary as an accompaniment to the Leadership Tier.

The training topics indicated below are intended for new and seasoned staff alike. While many staff possess a wealth of knowledge and experience, it is common that many individuals will have less knowledge about human service systems other than the one in which they are employed. Additionally, many may not have been exposed to an integrated practice environment of the scope supported by current trends and the shared practice approach. All practitioners are urged to keep abreast of the expanding and interrelated knowledge base that underlies quality human services for children, youth, and families. This ITG consolidates the common knowledge, skills, and values necessary for serving individuals and families collaboratively to meet their diverse needs across multiple human service environments.

Tier 1 - Foundations: Building A Common Framework

The Foundation 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, except where noted. Foundation trainings could be designed for a partial or full day, depending on the content. While there is not a required sequence of trainings, the recommended order of the Foundation Series begins with the topics listed under "Collaboration Across Systems" to equip trainees with a broad understanding of the overall scope of integrated services and the contributions of individual systems. It is suggested that "Introduction to the California Integrated Core Practice Model for Children, Youth and Families" be taken first, while other topics in this group may be accessed in any order. After completion of the "Collaboration Across Systems" trainings, topics listed under "Integrated Practices" and "Promoting Safety, Permanency, and Well-being" can be interspersed.

In order to adapt existing curricula for joint audiences for Tier 1 topics, curriculum developers may wish to engage in a coordinated review of current beginning-level training across practice sectors to identify gaps or curriculum modifications that will be needed to support the shared

approach to practice. The object is to adapt practice knowledge for application to an integrated, rather than siloed, service delivery environment. Further, the goal is to replace existing trainings, whenever possible, with their adaptations for integrated practice, rather than add training sessions beyond what is currently provided.

Collaboration Across Systems

For each system overview, subtopics are expected to include: (1) purpose/goals/

underlying theory of the system/sector; (2) role of the sector in the landscape of human services; (3) descriptions of the populations served and their diverse cultural needs, with reference to overlap with other sectors; (4) intention of staff role(s) and rationale for key practices; (5) experiences of children, youth, and families served by the system; and (6) considerations for each system when incorporating the principles of the ITG.

- Introduction to the California Integrated Core Practice Model for Children, Youth, and Families
- Child Welfare Overview (includes ICWA and Continuum of Care Reform)
- Behavioral Health Overview (includes Community Mental Health, Specialty Mental Health Services and Systems of Care, Substance Use Disorders, and preventive services)
- Juvenile Justice, Courts, and Juvenile Probation Overview
- Caregiving Overview (includes biological parents, kin, foster parents, foster family agencies, residential programs and the basics of resource family approval)
- Health Care Overview (includes public health, the Regional Centers, and California's Managed Care Models)
- 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, and early education and care (Head Start, Early Head Start, state Pre-K, and transitional kindergarten.)
- 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

- Collaboration and Integrated Practice (policy, management, and practice levels)
- Care Coordination across system disciplines
- Family and Youth Engagement and Advocacy
- Child and Family Teaming, Sharing Leadership with Families and Youth, and Theory of Change
- Shared, Multi Agency Assessment Using CANS Assessment Tool

- CANS use for clinical data and as a care coordination, communication, and rating tool
- Trauma-informed Practice, Services, and Systems
- Family Systems and Attachment Theory
- Cultural Responsiveness and Social Justice (includes disproportionality, disparities, bias, institutional racism, and LGBTQ competency and best practices)
- Motivational Interviewing: underlying needs (to assist in case planning)
- Sharing Data, HIPAA, Privacy, and Consent (for relevant audiences)
- Documentation in a Cross-System Environment (for relevant audiences)

Promoting Safety, Permanency, and Well-being

- Child, Youth, and Family Development: a Holistic and Ecological Perspective
- Positive Youth Development and Transitional Age Youth
- Legal Rights of Children in Care
- Approaches to the Prevention of Child Abuse and Neglect
- Access to Medi-Cal Specialty Mental Health Services
- Suicide Prevention
- Physical Health (includes impact of Adverse Childhood Experiences (ACES))
- Sexual Health
- Sexual Orientation, Gender Identity, and Gender Expression (SOGIE)
- Commercial Sexual Exploitation of Children (CSEC)
- Approaches to Working with Sexually Offending Youth
- Psychotropic Medications in the Foster Care Context

Tier 1 - Knowledge Consolidation: Coaching and Supervision

Training alone is not sufficient to improve the quality of a particular service or the quality of a staff member's practice. In order to develop essential competencies, the transfer of knowledge from the training environment to the work setting requires timely application and refinement in the field under the guidance of a coach and supervisor.

Tier 2 - Applications: Deepening Knowledge, Skills, and Values

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 2nd Tier trainings are provided after the 1st Tier trainings are completed. If this is not possible, it is suggested that the trainee receive at least the relevant 1st Tier topic(s) before proceeding to the related specialized topic in Tier 2. For example, it is critical for a trainee to acquire a broad understanding of the

behavioral health system, trauma-informed practice and services, and access to Medi-Cal specialty mental health care services (SMHS), before learning more specifics about intensive care coordination (ICC), intensive home-based services (IHBS), and therapeutic foster care (TFC). Similarly, it would be 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 for Service Delivery

- Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS)
- Therapeutic Foster Care (TFC)
- Intensive Services Foster Care (ISFC)
- Medi-Cal Eligibility, Claiming, & Billing Practices for SMHS

Competencies for the Child and Family Team Process

- Building an Effective Child and Family Team
- The Child and Family Team Meeting: Preparation, Conducting, and Follow-up
- Facilitation for Child and Family Teams
- Shared, Multi Agency Assessment Using CANS Tool
- CANS use for clinical data and as a care coordination, communication, and rating tool

Competencies for Shared Leadership

- Developing and supporting Parent Leaders
- Developing and supporting Youth Leaders

Competencies for Engagement with Specific 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.

- Collaborating with Native American Families and Tribal Communities
- LGBTQ Competencies and Best Practices
- Caring for Youth Involved in the Juvenile Justice System
- Adoption Competencies and Best Practices (includes attachment, loss and grief, therapeutic parenting strategies, and fostering collaborations between birth and adoptive families)

Competencies for Caregiving

- Prudent Parenting

- Quality Parenting Initiative (if applicable to county practice)

Tier 2 - Skill-Building: Coaching and Supervision

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

Leadership Tier for Directors, Managers, And Supervisors

In addition to participating in the trainings offered to agency staff, training content for Directors, Managers, and Supervisors should support the values, principles, and practices of the shared practice approach. Recommended topics include, but need not be limited to:

- Building Cross-System Relationships and Teams
- Effective Communication in a Cross- System Environment
- Shared Decision-Making, Governance and Management Techniques (including interagency policy boards or commissions at the county level)
- Conflict Resolution (interpersonal, team, and interagency)
- How to Identify and Foster Roles for Advocates, Partners, and Persons with Lived Experience
- Building Cross-System Alliances to Eradicate Institutional Biases and Promote Improved Outcomes
- Creating and Sustaining Collaborative Fiscal Strategies

Leadership Tier Proficiencies: Consultation and Coaching

Facilitated and peer-based consultation for those in leadership positions should enhance cross-system competency to assure the integrity and success of the shared approach to practice. Delivery of services in a collaborative and integrated service environment often requires unique abilities and skills in communication, teamwork, and management of human and fiscal resources. Leadership training should provide supervisory, management, and director level teams with cross-system coaching opportunities to support workforce development and integrated implementation of the shared approach. In addition to the leadership trainings noted above, key implementation areas for developing collaborative leadership to support integrated practice are noted in the Leadership: Management and Supervision section of this training guide.

Audiences for Joint Trainings

The audiences listed below represent a comprehensive

landscape of the integrated practice and service delivery environment. All of the indicated groups in the public and non-profit sectors share an interest in promoting the healthy development of children and youth, and the well-being of families. Agencies that host trainings can draw from this list of audience groups to customize invitations to those audiences that would benefit from a particular training on a case-by-case basis. Learning objectives should be clearly defined to convey the goals of the training for invited audiences.

Some training topics may have wide utility for multiple audience groups, while others may be more valuable to a limited number of audience types. Trainings that help youth, parents, families, and tribes become more effective planners, decision makers, and leaders in the teaming process are highly encouraged. Interested parent and youth clients may benefit from specific training opportunities to learn more about child and youth development and child-serving systems.

In some cases, it may take time and resources to cultivate interest in integrated training among certain audience groups. Agencies can start by creating an inventory of providers, affiliates, and advocates in their local service arrays and then devise action steps to strengthen relationships and collaboration.

Caregivers and Care Recipients

- Biological parents and kin caregivers
- Resource parents
- Youth and transitional age youth

Caregiving Service Providers

- Foster Family Agencies (FFAs)
- Family preservation providers
- Short-Term Residential Therapeutic Program (STRTP) providers

Professional Staff (State and County)

- County staff for behavioral health, child welfare, and juvenile probation
- Professional associations for behavioral health, child welfare, juvenile probation, CDSS, and DHCS
- Eligibility workers and other designated staff per county discretion
- Student trainees and interns
- Students participating in county-authorized field placements

Court Affiliates

- Judges
- Attorneys
- Court Appointed Special Advocates (CASAs)

Community Affiliates and Advocates

- Parent and youth organizations and leaders
- Tribal leaders and advocates
- LGBTQ advocates
- Resource families
- Faith-based leaders; chaplains
- Community-based organizations and community resources
- Law enforcement
- First Five
- Children's informational supports

Health Affiliates

- Health Directors
- Regional Center services
- Public Health nurses
- Federally Qualified Health
- Centers (FQHCs)
- Managed Care Organizations
- Behavioral Health Plans
- Substance Abuse 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

CHAPTER 6: GUIDELINES FOR TRAINING

Guidelines for training encompass securing services for training and technical assistance (as needed), principles, standardization, modalities, delivery, and co-training.

Technical Assistance and Training Services

Several entities that provide technical assistance and training for counties, regions, and state-level agencies participated in the development of this training guide. These include: the California Institute for Behavioral Health Solutions, the California Social Work Education Center, the Resource Center for Family-Focused Practice, Chadwick Center for Children and Families/Rady Children's Hospital, the Regional Training Academies, and the University Consortium for Children and Families. In addition, CDSS regularly coordinates Regional Information and Transformation Exchanges (RITEs), which provide regional forums for advancing implementation of cross-system training at the county and regional levels. Collectively, these agencies currently provide training and technical assistance services for many of the topic areas noted in this guide. However, new service contracts with these agencies would likely need to be funded at the county, regional, and/or state level to further advance implementation of this training guide, particularly given its emphasis on cross-systems content and conjoint audiences. In addition, contractual training and technical assistance services could be provided by local agencies, particularly those that specialize in specific topic areas of the training guide. County leaders are advised to develop an inventory of training, coaching, and technical assistance entities in their localities and regions that can serve their needs.

Guiding Principles for Training Content and Delivery

This ITG addresses the need for consistency of information regarding policy and practice expectations across all relevant public agencies, partnering organizations, and families involved in the delivery, monitoring, and receipt of cross-system services for children in care. Further, the ITC recognizes the value of sharing leadership with parents and youth, and the invitation of the shared approach to engage caregivers and youth in authentic and meaningful ways. The ITG seeks to provide families and other community partners with the same information as that received by professional staff in order to support equity and shared responsibility for improving well-being outcomes for children.

To that end, this training guide embraces the following principles for training content and delivery:

- **Consistency**: Upholding consistency as an essential component of equitable service delivery.
- **Responsiveness**: Responding equitably to culture, race, heritage, self-identity, socioeconomic status, national origin, religion, creed, sex, sexual orientation, gender identity, and expression, disability, and other individual circumstances; mutual respect for values and norms, and openness to learning and understanding diverse perspectives and life experiences.

- **Meaningful Parent and Youth Leadership**: Support for the meaningful leadership roles of parents and youth in the curriculum development process and in the delivery of training as co-trainers to ensure deep understanding of the value of youth and parent experiences in accessing and receiving services.
- **Engagement of Resource Families**: Inclusion of kin and non-related caregivers in the development of curriculum and in the delivery of training for topics pertinent to caregiving.
- **Advocacy**: Promotion of training and support for parents, youth, and other partners (which may include certification) to assist families with self-empowerment, resiliency, well-being, and navigation of the child welfare, behavioral health, education, and juvenile probation systems.
- **Implementation of Joint Training Audiences**: The implementation of joint trainings will provide access to training resources for the child welfare, behavioral health, and juvenile probation workforces, partnering agencies, community-based organizations, parents, youth, families, and tribes to build trusting relationships and enhance shared understanding, skills, values, and collaboration in the case management and service delivery processes.
- **Collaboration**: Advancement of collaborative processes with parents, youth, and families, tribes, partnering agencies, and the systems of child welfare, behavioral health, education, and juvenile probation.
- **Teaming**: Promotion of team-based approaches with parents, youth, and families, the staff of child welfare, behavioral health, education, and juvenile probation agencies, and other involved organizations and individuals to ensure the development of plans for integrated service delivery and the provision of consistent, quality case management and necessary services to address children's behavioral health or other needs to improve their outcomes for safety, permanency, and well-being. Teaming relationships are built on trust.
- **Trauma-informed Systems and Practice**: Emphasis on skillful 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.
- **Evidence-based Practice**: As the evidence base grows, promotion of the use of available evidence-based and evidence-informed practices appropriate to the target populations and their social and cultural contexts, with emphasis on values, principles and practices.
- **Implementation Science**: Application of methods and principles derived from implementation science research to successfully enact recommendations in the training guide and to sustain fidelity to the shared approach to practice across participating groups in order to achieve measurable, positive outcomes for children, youth, and parents.

Training Standardization

At the current stage of development of this initial ITG, we must rely mainly on existing learning objectives and curricula developed by our network of training partners from participating agencies and other widely-respected research and practice organizations devoted to serving the needs of children, youth, and families. Training entities will need to adapt existing training materials for their particular joint audiences, including lay audiences. Gaps in existing training programs will need to be addressed. Consequently, there is currently no provision for standardizing training beyond the guidance provided for the "Collaboration Across Systems" trainings in Tier 1 and the complete list of training topics. In general, training content and delivery should support the shared approach to practice and the guiding principles outlined in this guide.

Training Modalities

Modalities include online learning, classroom delivery, and field-based coaching and supervision. Curriculum developers should consider which modality is most suitable and advantageous for conveying the training content. Training in the Leadership Tier may also include individual or group consultation.

Training Delivery

This ITG 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. 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, and the promotion of healthy development and child well-being. Agencies that host training events are requested to invite participants across the spectrum of collaborating partners, based on the relevance of each particular training topic.

Co-Training

In addition to the utilization of professional trainers and subject matter experts, including tribal elders, tribal advocates, and LGBTQ advocates, 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 topic areas and strengthen the connection between training and practice. Agencies may also enrich trainings by enlisting co-trainers from community providers and other local stakeholders.

CHAPTER 7: GUIDANCE FOR IMPLEMENTATION AND EVALUATION OF THE INTEGRATED TRAINING GUIDE

Overview

The topics in this ITG are designed to fortify administrative and workforce knowledge, skills, and values for collaborating with community partners, youth, and families across human service agencies. Here a distinction needs to be made between implementation of training and overall implementation, a distinction which refers to coordinated, systems-level changes that are in part supported by training. For example, training

topics in the Leadership Tier address the implementation of systems-level changes. In addition, this section of the ITG provides general recommendations for overall implementation that include leadership in a collaborative environment, workforce development, and support for Parent and Youth Leaders. Guidance is also provided for tracking and assessing the implementation of training.

Leadership: Management and Supervision

Implementation of systemic changes requires coordination across multiple organizational levels and partnering agencies. Collaborative leaders recognize that decision making nearly always involves partners, and that key decisions are not made without consultation and dialogue. Complex integrated care delivery requires a collective wisdom available only when leaders from partner organizations have high levels of trust and accessibility.

Four key implementation areas for development of collaborative leadership are:

1. Training and Technical Assistance
2. Fidelity to the Shared Practice Approach (including a "policy-practice feedback loop" within the framework of implementation science)
3. Information and Data Management
4. Oversight, Accountability, and Performance Management (including the measurement of processes and outcomes)

The *Pathways to Well-Being Integrated Core Practice Model* (2017) notes that the shared accountability structure for CDSS and DHCS proposes a performance- and measurement-driven framework with system partners to assess mutual progress towards short-term and long-term goals, within an overall process of continuous quality improvement (CQI). Integrated service delivery can be prone to program drift, given inherent complexities and the presence of competing agendas. For this reason, a key recommendation for success is to employ the methods and principles of implementation science.

In order to benefit families, collaborating agencies should consider incorporating an integrated, complementary system for establishing process and outcome measures, data collection procedures, data analyses, and data reporting related to service delivery. Indicators should measure satisfaction, quality, and cost effectiveness. For successful implementation through CQI, leaders in participating agencies must be attuned to the "policy-practice feedback loop." The active involvement of families, tribes, agency staff, and other stakeholders can play a critical role in assuring accountability and quality improvements, while maintaining a balance between model fidelity and promising innovations.

In addition, administrators, managers, and supervisors in collaborating agencies should be advised of the purpose and scope of the guide, and mentored on key concepts and skills related to the shared approach to integrated practice. Specific topic areas for Directors, Managers, and Supervisors are listed in the "Leadership Tier" of the Topic Areas for Integrated Training section.

Annual performance reviews[2] of administrators, managers, supervisors, and direct service staff should align with the principles of the ITG, and the training requirements of their respective positions, values[3], principles, and behaviors of the shared approach to integrated practice. Co-supervision models, wherein staff have more than one direct supervisor or responsibility to multiple leaders, may be advisable. Such arrangements would require additional communication and coordination.

Workforce Development: Guidance for Staff Recruitment, Selection, And Orientation

Hiring procedures should align with California's shared approach to integrated practice among the child welfare, behavioral health, and juvenile probation systems. Departments of human resources should be oriented to the shared approach and be called upon to suggest tools for recruiting, interviewing, and hiring staff who are committed to improving well-being outcomes for children, youth, and parents[4], and who reflect the populations served.

In addition to testing and screening for knowledge and skills required for specific positions, candidates should also be vetted for attributes and skills needed to enact the shared approach with fidelity. Such qualities and abilities shall include, but not be limited to, cultural responsiveness, sensitivity to the concerns and perspectives of LGBTQ and gender-expansive youth, trauma-informed practice skills, receptivity to sharing leadership with parents and youth; and enthusiasm for teaming with professionals from other disciplines, family members, and other persons in family support networks. Candidates should also demonstrate openness to evidence-based practices and interest in continuous learning. These attributes and skills should be included and reinforced in orientations for new staff and in ongoing training for existing staff[5].

Guidance for Recruiting and Supporting Parent Leaders and Youth Leaders

In order to facilitate meaningful collaboration with youth and families, public agencies are encouraged to recruit Parent and Youth Leaders and to provide training necessary for carrying out their roles.

Parent Leaders are individuals with personal experience participating in the system of care as a consumer and/or parent/caregiver, and who possess the skills, training, and experience to perform the functions of their role. Parent Leaders have five key functions: (1) to ensure parents and caregivers are equal partners – if not leaders – in the development and implementation of their service plans; (2) to ensure that parents and caregivers have access to a comprehensive array of prevention and support services that meet their individual needs; (3) to ensure that these services are family-centered, easily accessible, respectful of cultural, ethnic, and other community characteristics, and free of stigma; (4) to serve as role models and inspire change by

[2] Performance evaluations may be subject to the terms of collective bargaining agreements.
[3] Adapted from the California Core Practice Model Organizational Factors Matrix Draft 7-7-15.
[4] Adapted from the California Core Practice Model Organizational Factors Matrix Draft 7-7-15.
[5] Adapted from the California Core Practice Model Organizational Factors Matrix Draft 7-7-15.

encouraging, motivating, and supporting the development of leadership ability in the parents and caregivers they serve; and (5) to represent the needs and perspectives of parents, caregivers, and youth to internal and external stakeholders, program evaluators, and decision makers within the system of care. The Parent Leader serves as an advocate for parents and caregivers and considers the whole family in system planning. Ideally, the local pool of Parent Leaders should reflect the cultural diversity of the population being served by the relevant local public agencies, with particular emphasis on recruiting tribal partners and their role in strengthening adherence to current ICWA legislation.

At a minimum, Parent Leaders should receive training, including guided practice, to achieve positive results and build research-based competencies required for meaningful work with parents and caregivers. Competencies should include advocacy, empowerment, cultural responsiveness, and parent leadership. Trainings for Parent Leaders should support a team-based framework as indicated in California's shared approach for integrated practice for the public systems of child welfare, behavioral health, and juvenile probation. Some parent training organizations may offer certification that could attest to lived experience and competencies in Parent Leadership consistent with California's integrated practice approach. However, lack of such certification should not preclude an individual who would otherwise qualify from serving as a Parent Leader.

Youth Leaders are individuals who have lived experience as a recipient of services from the public systems of child welfare, behavioral health, or juvenile probation, and who possess or demonstrate capacity to develop the skills and experience to perform the functions of their role. Youth Leaders have five key functions: (1) to ensure that the strengths, needs, and preferences of youth are represented throughout the service process, as well as to ensure that youth understand the roles and responsibilities of the members of their respective child and family teams; (2) to mentor and support youth to advocate on their own behalf by voicing their needs and goals and proposing or selecting formal services and informal supports that enable services and informal supports that enable them to promote and sustain their well-being; (3) to work closely with youth to design and monitor service plans, and help to resolve problems or issues that youth may face within the service process; (4) to serve as role models and inspire change by encouraging, motivating, and supporting the development of leadership ability in the youth they serve; and (5) to represent the perspective of youth served by the system of care and meaningfully contribute in forums designed to inform policy development, evaluation of programs or services, or other stakeholder processes.

Youth Leaders should receive training, including guided practice, to achieve positive results and build research-based competencies required for meaningful work with youths who are developmentally able to participate actively in decisions about their own lives. Competencies should include advocacy, empowerment, cultural responsiveness, and youth leadership. Trainings for Youth Leaders should support a team-based framework as indicated in California's shared approach for integrated practice for the public systems of child welfare, behavioral health, and juvenile probation. Qualified Youth Leaders would not be required to possess formal certification as such. However, training programs that embrace standards for practice may benefit Youth Leaders by

providing opportunities to gain transferable relational and career skills. Optimally, Youth Leaders would collectively represent the diversity of the local youth population served in a given county, region, or tribal nation.

Evaluating the Implementation of the ITG: Introductory Considerations

As with overall implementation of systems change, implementation of this training guide should be based on the tenets of continuous quality improvement. In addition to providing access to the complement of training specified in this plan, agencies should consider devising measures for proximal outcomes regarding cross-agency collaborations, stakeholder partnerships, and skills taught in conjoint trainings. 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 partners 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 how training content and delivery can be adapted to improve processes and outcomes[6]. In addition to systems-level analyses, measures of individual competencies for practice, training, supervising, and coaching can be devised, collected, and monitored to improve the quality of services provided to families.

Evaluation of the implementation of the ITG is needed to assess and strengthen its role in relation to the policy-practice feedback loop. This section provides guidance for designing an effective evaluation process of the ITG as a central component of the shared approach to integrated practice.

The ITG is a Flexible, Multi-Component Intervention Designed to Expedite and Support Policy and Practice Changes

- Organized by tiers for direct practice and leadership, the ITG Includes a constellation of training topics that will be delivered in a manner consistent with eleven guiding principles to conjoint audiences consisting of professional (echelons from line staff to agency director) and lay representatives across the spectrum of collaborating partners in each county.
- The specific topics and delivery tier (from introductory training to intensive technical assistance) will be customized to address each county's needs.

[6] Adapted from the California Core Practice Model Organizational Factors Matrix Draft 7-7-15.

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.

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 to provide rapid feedback 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.
- Remaining sensitive to existing local evaluation, standardized core evaluation questions relevant to any context should be articulated to assess the overall worth and merit of the ITG, however 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?"
- 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. ITG outcomes will include practice changes at multiple levels and the adoption, implementation, monitoring, and enforcement of policies designed to institutionalize elements of the shared approach. Integrated practice must be rigorously assessed to determine whether and how the ITG contributed to the systems transformation envisioned.

Agencies are encouraged to utilize existing performance and outcome measures, as applicable, to assess and inform the implementation of this training guide, e.g., the External Quality Review Organization for Medi-Cal Specialty Mental Health Services (EQRO).

CHAPTER 8: COORDINATING ORGANIZATIONS AND AFFILIATES

Roles of Coordinating Organizations

The following organizations and affiliates contributed to the development of this training guide:

- California Social Work Education Center (CalSWEC)
- Shared Management Structure's Community Team, a 24-member stakeholder team which oversees the state's implementation of recent legal settlements and drives the delivery of collaborative care in California
- Statewide Training and Education Committee, an advisory body to the California Department of Social Services that recommends priorities for statewide public child welfare training and provides a forum for sharing training materials and resources
- Pathways to Well-Being Workgroup, a subcommittee of the Statewide Training and Education Committee (Pathways Workgroup)
- County Welfare Directors Association of California (CWDA)
- County Behavioral Health Directors Association of California (CBHDA)
- Chief Probation Officers of California (CPOC)
- Mental Health Services Division, Department of Health Care Services (DHCS)
- Children and Family Services Division, California Department of Social Services (CDSS)

DHCS and CDSS endorse this ITG and orchestrate connections for the Pathways Workgroup and Shared Management Structure's Community Team with other state, county, and partnering agencies to support the guide's development and use.

CalSWEC convenes the Pathways Workgroup and serves as Co-Chair (with CDSS) of the Statewide Training and Education

Committee (STEC). The Pathways Workgroup contributes expertise in technical assistance, content development, training delivery, and knowledge of existing training products for topics related to the integrated training guide. The Pathways Workgroup includes members of the Shared Management Structure's Community Team or their designated participants who contribute expertise and experience as advocates, service providers, and service recipients involved in the public child welfare, behavioral health, juvenile probation or other affiliated system. CWDA, CBHDA, and CPOC provide county-level perspectives to guide training for management and staff in the respective public systems of child welfare, behavioral health, and juvenile probation.

Action Steps Envisioned for The Pathways Workgroup with Assistance from The Coordinating Organizations

1. Identify existing, available training materials that cover topic areas in the ITG.
2. Identify gaps in the coverage of foundational topics specified in this ITG and advocate for resources for the development of training products to fill those gaps.
3. Adapt or develop trainings specified in this ITG for different configurations of joint/lay audiences.
4. Develop educational materials for parents, youth, caregivers, and other service providers or community-based support persons that promote a strength-based and racially/culturally responsive approach to help each of these groups understand and participate in the public child welfare, behavioral health, or juvenile probation systems regarding children in care, basics of case management, child and family teaming, and principles of behavioral health treatment.
5. Promote the sharing of information about training resources on the websites of the entities represented in the Pathways Workgroup, the Community Team, and other participating groups.
6. Articulate a dissemination plan for training resources and related information, such as announcements for training events and sources for technical assistance.
7. As applicable, develop recommendations for joint audiences, training sequencing, training standardization, modalities for training delivery, and/or co-training in future iterations of this guide.
8. Revise the training guide to reflect new training needs.
9. As applicable, issue recommendations to CDSS, DHCS, CWDA, CBHDA, CPOC, the California Institute for Behavioral Health Solutions (CIBHS), CalSWEC, or other partners regarding action steps 1-8.

CHAPTER 9: RELATED PROCESSES AND PRODUCTS

Dissemination of The Integrated Training Guide

This ITG will be distributed to DHCS, CDSS, CWDA, CBHDA, CPOC, CIBHS, STEC, and the Joint Management Structure's Community Team for further dissemination to staff and members of these organizations. The plan will also be posted and publicly available on the CalSWEC website.

Proposed Products Related to The Integrated Training Guide

- Inventory of existing, available resources that support the ITG.
- Explanations of ITG for professional and lay audiences.
- "Clearinghouse" websites with resources for the ITG, information regarding sources of technical assistance, announcements for training events, and links to partnering agencies.

Vetting Processes

Overview

The vetting process used for developing this ITG is described in the Appendix. Additional vetting is recommended for two proposed training products:

1. An inventory of existing training resources developed by: a) agencies partnering in this ITG; and b) entities external to the partnering agencies; and
2. Documents for partnering agencies and groups that provide brief explanations of this ITG for professional and lay audiences.

Endorsements for the use of existing training curricula and training resources for topic areas specified in this ITG may require a vetting process by the Pathways Workgroup. A process for vetting existing curricula that supports the ITG would need to be devised.

Additionally, it may be desirable to establish a vetting process for statewide or regional distribution of explanatory documents (if any) about the ITG in order to provide consistent information to stakeholders. A general outline for vetting explanatory documents is provided below.

Outline for Vetting Explanatory Documents Related to The ITG

1. The Community Team and Pathways Workgroup will decide when drafts of supporting documents are ready for vetting by partnering agencies and groups, and make recommendations regarding the timelines involved for the steps of the vetting process and for product finalization.
2. The Community Team and Pathways Workgroup will identify stakeholders, content experts, and designated staff from the child welfare, behavioral health, and juvenile probation training systems from among their respective memberships or from external groups who have interest in reviewing drafts and providing structured feedback. Review and feedback by these groups will assist in the development of brief, explanatory documents.
3. Drafts of the explanatory documents will be made available online to vetting audiences for their review.
4. Feedback from the vetting groups may occur through a variety of structured modalities which are considered most conducive for engaging particular targeted audiences, as agreed by the Community Team and Pathways Workgroup. Modalities may include email correspondence, tracking changes in documents, webinars, focus groups, and online surveys.
5. Explanations about the expectations for participating in the vetting process will be

communicated to interested parties in the identified vetting groups.

6. Comments from the vetting groups will be synthesized and serve as the basis for modifying the explanatory documents.

APPENDIX

Process for Developing and Vetting This Guide

After the Community Team commissioned the development of ITG, the Pathways Workgroup focused its monthly web conferences on this project from January 2016 through January 2017. The Community Team and the Pathways Workgroup each provided one or more liaisons to the other group to distribute revised drafts, and to communicate updates, commentaries, and other advisements as needed. Over the course of the project, three presentations were made to the Community Team by the coordinator of the Pathways Workgroup. While two formal comment periods for the Community Team followed the second and third presentations, members of the Community Team were invited to submit comments throughout the development process. Comments from the Statewide Training and Education Committee were also solicited during a presentation and subsequent comment period.

On behalf of the Pathways Workgroup, CalSWEC then distributed the revised ITG for comment to members of DHCS, CDSS, CPOC, CWDA, CBHDA, and the California Institute for Behavioral Health Solutions (CIBHS). The original draft was submitted to CDSS and DHCS on January 31, 2017. Minor revisions in grammar, punctuation, the ordering of text, and greater precision in word choice or text are reflected in this current version dated August 14, 2017. The guide will be further vetted through the CDSS Tribal Consultation Process.

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Statewide Training and Education Committee

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Regional Training Academies

University Consortium for Children and Families

Youth for Change

California Parent Leadership Team®, Parents Anonymous®, Inc.

County Behavioral Health Directors Association of California (CBHDA)

CBHDA Children's System of Care Committee

Mental Health Services Division, Department of Health Care Services

All individuals who kindly provided comments to surveys conducted during the development process

Pathways to Well-Being Community Team

Pathways to Well-Being Workgroup

Child & Family Policy Institute of California

Chadwick Center for Children & Families, Rady Children's Hospital

Resource Center for Family-Focused Practice

getR.E.A.L. California

y.o.u.t.h. Training Project, California Youth Connection

Stanford Youth Solutions

County Welfare Directors Association of California

Chief Probation Officers of California

Children and Family Services Division, California Department of Social Services