

April 17, 2024

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 24-24

The purpose of this All County Letter is to provide all county partners, staff, Tribes, and providers with guidance on using funding for workforce training and county readiness activities to support the implementation of Family Maintenance Child and Family Teams.



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DIRECTOR

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GAVIN NEWSOM
GOVERNOR

April 17, 2024

ALL COUNTY LETTER NO. 24-24

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADOPTION AGENCIES
ALL ADOPTION DISTRICT OFFICES
ALL SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS
ALL FOSTER FAMILY AGENCIES

**SUBJECT: FUNDING FOR COUNTY READINESS AND WORKFORCE TRAINING
ACTIVITIES TO SUPPORT THE IMPLEMENTATION OF FAMILY
MAINTENANCE CHILD AND FAMILY TEAMS**

REFERENCE: [ALL COUNTY LETTER 22-35, THE CALIFORNIA BEHAVIORAL
HEALTH COMMUNITY-BASED ORGANIZED NETWORKS OF
EQUITABLE CARE AND TREATMENT \(BH-CONNECT\)
SECTION 1115 DEMONSTRATION, ENHANCED CARE MANAGEMENT
AND COMMUNITY SUPPORTS;
ASSEMBLY BILL 133; WELFARE AND INSTITUTIONS CODE
14184.402, WELFARE AND INSTITUTIONS CODE 224.2, THE CHILD
AND FAMILY TEAM ENGAGEMENT GUIDE, MEDI-CAL MANUAL FOR
INTENSIVE CARE COORDINATION, INTENSIVE HOME-BASED
SERVICES, AND THERAPEUTIC FOSTER CARE FOR MEDI-CAL
BENEFICIARIES, THE INTEGRATED CORE PRACTICE MODEL, THE
INDIAN CHILD WELFARE ACT DESK GUIDE, CALIFORNIA
ADVANCING AND INNOVATING MEDI-CAL \(CALAIM\).](#)

PURPOSE

This All County Letter (ACL) provides county child welfare agencies with information about funding available in Fiscal Year (FY) 2023-24 for county readiness and workforce training activities to support the anticipated implementation of Family Maintenance (FM) Child and Family Teams (CFTs) in both voluntary and court-ordered cases. This ACL provides guidelines for the use of available funding by child welfare agencies.

BACKGROUND

This ACL discusses funding for county readiness and workforce training activities regarding preparation for implementation of CFT meetings for FM cases. Anticipated implementation of CFTs for FM cases is expected to begin January 1, 2025. Funding for readiness training activities to support counties in preparation for the implementation of FM CFTs is a California

Department of Social Services (CDSS) proactive response to changes planned in [The California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment \(BH-CONNECT\)](#) proposal.

The funding appropriated through the CDSS budget to county child welfare agencies for FM CFT readiness and workforce training activities is designed to foster collaboration among system partners, communities, children, youth, and families in response to the [BH-CONNECT](#) proposal. Research demonstrates when services are integrated, collaborative and actively engage and partner with children, youth, and families they are most effective in meeting the complex needs of children and families involved in multiple, government-funded service organizations ([The Integrated Core Practice Model](#)).

Furthermore, this ACL provides a summary of proposed Medi-Cal changes that CDSS and the Department of Health Care Services (DHCS) are working to collaboratively develop and implement for the benefit of children and families involved in child welfare. The CFTs in FM cases will support successful implementation of some of the proposed Medi-Cal changes.

Guidance regarding the full implementation of CFTs for FM cases will be forthcoming pending the approval of [BH-CONNECT](#).

CHILD AND FAMILY TEAMS FOR FAMILY MAINTENANCE CASES

The FM casework promotes a safe and stable environment in the child or youth's home when protective factors and/or services are in place to mitigate issues that led to child welfare involvement. The FM can be an avenue to support children, youth, and families and prevent entry into foster care. When a child or youth reunifies after foster care, transitioning to a FM case helps reduce the risk of reentry into foster care by equipping the family with the necessary resources and support to provide a safe, stable, and nurturing environment. CFTs can help to empower children, youth, and families to take the leadership role of their case while they work with their team of service providers, social workers, natural supports, and others to identify their strengths and opportunities to reach their goals.

The CFTs in FM cases will facilitate increased care coordination necessary to support the proposed Medi-Cal changes discussed below. Further guidance on FM CFT implementation and policy guidance will be forthcoming. This letter addresses the funding available in the current fiscal year to help counties prepare for the anticipated implementation of CFT meetings in FM cases.

THE CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

The DHCS has developed a Medi-Cal reform, [California Advancing and Innovating Medi-Cal \(CalAIM\)](#), that seeks to: (1) Identify and manage comprehensive needs through whole person care approaches and social drivers of health; (2) Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform; and (3) Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility. [Assembly Bill \(AB\) 133](#)

aims to implement various components of the CalAIM initiative as specified in [Welfare and Institutions Code section 14184.402](#).

The CalAIM seeks to address the challenges in meeting the health care needs of children and youth in the Medi-Cal program, including those in foster care. The CDSS and DHCS are working to collaboratively implement CalAIM policy changes and benefit expansions that impact children and families involved in child welfare.

For counties to obtain more information on CalAIM please reach out to CalAIM@dhcs.ca.gov.

For Tribes to obtain more information on CalAIM's impact please reach out to TribalAffairs@dhcs.ca.gov.

THE CALIFORNIA BEHAVIORAL HEALTH COMMUNITY-BASED ORGANIZED NETWORKS OF EQUITABLE CARE AND TREATMENT (BH-CONNECT) SECTION 1115 DEMONSTRATION

[The California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment \(BH-CONNECT\)](#) is a new [Medicaid Section 1115 demonstration](#) that DHCS submitted to the Centers for Medicare and Medicaid Services (CMS) on October 20, 2023. The DHCS is requesting approval of the proposed [BH-CONNECT](#) demonstration effective January 1, 2025 through December 31, 2029.

The [BH-CONNECT](#) will establish a long-term plan for how children and youth involved in the child welfare system receive behavioral health services aimed at improving coordination, access to care, and overall outcomes and well-being for these youth. The demonstration will deliver early interventions to reach children and families to help prevent entry into or deepening their involvement with the child welfare system. Proactive measures in [BH-CONNECT](#) aim to preserve families and minimize escalation in child welfare cases, such as termination of parental rights.

The [BH-CONNECT](#) demonstration includes initiatives designed particularly for children and youth involved in child welfare, individuals and families who are experiencing or at risk of homelessness, and those who are justice-involved. Two of the new efforts are relevant to children and youth receiving child welfare services, and CFTs for FM cases are necessary for ensuring the care coordination needed to ensure the provision of these services. These two initiatives are Activity Stipends to allow children involved in child welfare to participate in activities that promote social and emotional well-being, and an initial child welfare/specialty mental health behavioral health assessment in which a mental health provider and county social worker will conduct a joint home visit and a behavioral health assessment at entry point into child welfare. Further information regarding Activity Stipends and the establishment of an initial joint child welfare and specialty mental health assessment at entry point into child welfare will be forthcoming.

In anticipation of the approval of [BH-CONNECT](#) and the related statewide change mandating CFTs for FM cases, the budget for FY 2023-24 includes county readiness and workforce training activities for CFTs for FM cases, as discussed in more detail below. This funding

provides an opportunity for counties to prepare for the anticipated approval of [BH-CONNECT](#) and the anticipated statewide change of CFT meetings for FM cases being mandated for county child welfare agencies.

CARE COORDINATION THROUGH FAMILY MAINTENANCE CHILD AND FAMILY TEAMS

The implementation of FM CFTs will respond to gaps in services to support the wellbeing of children who remain in the home. While CFTs have historically not been mandated or funded for children who have an open child welfare case and remain with their family of origin (i.e., court ordered or voluntary family maintenance) this has been a strongly recommended best practice consistent with the Integrated Core Practice Model ([The CFT Engagement Guide](#), [All County Letter \(ACL\) 22-35](#)). The CFT meetings, done well, support permanency planning, safety, and wellbeing ([The CFT Engagement Guide](#)). The CFTs aid the development and monitoring of safety plans and plans of safe care, building natural supports, addressing concrete support needs, and family finding in FM cases. Furthermore, for youth receiving Specialty Mental Health Services (SMHS), engagement in the CFT helps providers identify strengths and needs, make plans and track progress, and provide intensive home-based services ([Medi-Cal Manual for ICC, IHBS, and TFC, Third Edition, January 2018](#) and any subsequent updates).

The FM CFTs will be instrumental in coordinating the new activities proposed in BH-CONNECT. The joint child welfare/specialty mental health behavioral assessment will guide service recommendations that can be coordinated during FM CFT meetings. The CFT meetings for FM cases further create an opportunity for CFT members to engage in discussions with Enhanced Care Management (ECM) Lead Care Managers and contribute to the promotion of holistic well-being in the community through the provision of comprehensive care management and community support services ([Enhanced Care Management and Community Supports](#)).

FUNDING

For FY 2023-24, \$3.6 million in total funds (\$2.5 million GF) is included for county readiness and workforce training activities to support the anticipated implementation of CFT meetings in FM cases. Federal funding is provided by Title IV-E of the Social Security Act, with the amount of Title IV-E federal financial participation (FFP) based on the 50 percent administration rate for those cases meeting federal eligibility criteria. Information about claiming this funding is provided in CFL 23/24-72.

COUNTY READINESS AND WORKFORCE TRAINING ACTIVITIES FOR CHILD AND FAMILY TEAM IMPLEMENTATION IN FAMILY MAINTENANCE CASES

County readiness and workforce training efforts are encouraged to support the introduction of CFTs for FM cases. These specific activities are not required but are examples of how funding can be utilized by counties to build capacity and ensure successful implementation beginning January 1, 2025, the anticipated effective date of the BH-CONNECT waiver, if approved.

These activities may include:

County Readiness

- Assessment of workforce, program, and training capacity to implement FM CFTs.
- Update policies and procedures for voluntary and court ordered FM cases to incorporate use of CFTs into practice.
- Consultation with tribal partners in the planning and coordination of FM CFT implementation and creating protocols, as deemed necessary by the Tribe and county.
- Policy and procedure development for the coordination of remedial and rehabilitative programs that prevent the breakup of the Indian family (Active Efforts, as described in [Welfare and Institutions Code section 224.1](#) and the [Indian Child Welfare Act \[ICWA\] Desk Guide](#)) through FM CFT meetings.
- Planning and identification of locations to host FM CFT meetings outside of county offices (i.e., home, school, community-based settings, and locations identified by families and Tribes).
- Planning and identification of virtual platforms to host FM CFT meetings.
- Contractual updates with Regional Training Academies (RTAs) and providers to include increased training (see the [Workforce Training and Technical Assistance Section](#)).
- Contractual updates with Community Based Organization (CBOs) and other vendors for increased service needs.
- Addressing staffing needs to prepare for the implementation of FM CFTs, including the hiring of staff.
- Expansion of existing trainings to include facilitation guidelines for FM CFTs.
- Consultation to support implementation of FM CFTs.
- Planning for increased childcare capacity to support children who do not attend CFT meetings but live with parents who are CFT members.
- Intentional engagement of local community partners who can support programs that build youths' strengths, wellbeing, and permanency within the CFT framework in FM cases.
- Establish strategies for social workers to perform inquiry, as described in [Welfare and Institutions Code 224.2](#) and the [ICWA Desk Guide](#), to ensure that Tribes are able to participate early and often in FM cases if the child is identified as an Indian child.

Workforce Training and Technical Assistance

- Caseworker and staff education on CFT practice for FM CFTs, including timing and other requirements.
- Updating CFT facilitators and schedulers on new requirements and expectations.
- Training and technical assistance for caseworkers not previously trained in FM cases.
- Training staff to increase focus and discussion on safety needed during the CFT meetings to enable the youth to stay with the family (i.e., Motivational Interviewing, Safety Organized Practice [SOP] training).
- Training and coaching for units that manage voluntary FM cases and do not yet have familiarity with CFT practice.

- Trainings and technical assistance to prepare FM CFT facilitators to collaborate with ECM providers.
- Trainings that support successful engagement and cultural humility in FM cases and/or CFTs (e.g., cultural training, Indian Child Welfare Act training).

If you have any questions or need additional guidance regarding the information in this letter, contact the Integrated Practice & Resource Development Bureau at CWSCoordination@dss.ca.gov.

If you have any questions or need additional guidance regarding the information about Family Maintenance in this letter, contact the Family Centered Safety and Support Bureau at Earlyinterventionservices@dss.ca.gov.

Sincerely,

Original Document Signed By

ANGIE SCHWARTZ
Deputy Director
Children and Family Services Division

cc: All Federally Recognized Tribes
All Local Mental Health Directors