



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

March 26, 2013

ALL COUNTY LETTER (ACL) NO.: 13-20

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL FOSTER CARE MANAGERS
ALL FOSTER FAMILY AGENCIES
ALL LOCAL MENTAL HEALTH DIRECTORS
ALL ADOPTION DISTRICT OFFICERS
ALL GROUP HOME PROVIDERS

SUBJECT: RELEASE OF THE CORE PRACTICE MODEL (CPM) GUIDE AND DESCRIPTION OF THE INTENSIVE CARE COORDINATION AND INTENSIVE HOME-BASED SERVICES

REFERENCE: KATIE A., et al., v. DIANA BONTA, et.al

The purpose of this All County Letter is to provide information to accompany the release of the CPM Guide, as agreed upon with the terms of the *Katie A. et al. v. Diana Bonta et al* settlement agreement lawsuit and to briefly describe the service array. In addition to the CPM guide, a companion *Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) and Therapeutic Foster Care (TFC) for Katie A. Subclass Members* has been issued by the Department of Health Care Services and is available at their [Katie A. Settlement Agreement Implementation webpage](#). The settlement agreement and other information can be found at the California Department of Social Services (CDSS) website located at www.cdss.ca.gov.

Pursuant to the original lawsuit, a case was defined as a child who was at “imminent risk of foster care placement.” This was interpreted to mean that within the last 180 days a child has been participating in voluntary family maintenance services or voluntary family reunification placements and/or has been the subject of either a telephone call to the Child Protective Services hotline or some other documented communication made to a local Child Protective Services agency regarding suspicions of abuse, neglect, or abandonment.

For the purposes of the settlement agreement and this All County letter, emergency response referrals will not be included. The child or youth must have an open child welfare case as defined as any of the following: a) child is in foster care or b) child has a voluntary family maintenance case (pre or post, returning home, in foster or relative placement), including both court ordered and by voluntary agreement.

The CPM Guide is a joint effort between the DHCS and CDSS to introduce to county mental health and child welfare agencies an integrated practice approach that will be used when serving children and families involved with child welfare that have identified mental health needs. All counties, agencies, and individuals that serve children and their families in both child welfare and mental health will be expected to implement the values and principles within this practice model.

The CPM guide should be viewed as part of a dynamic process, which will ultimately result in more effective ways of partnering among child welfare, mental health and children, youth, and families to achieve positive outcomes for children and youth. It is intended that the guide will improve coordination of resources and services, and promote greater consistency in statewide practices. In addition, it is also intended to provide clarity about roles and describe a framework to shape the organizational design and delivery of child welfare, mental health, and other services. The CPM guide defines “how and what is done” when working across systems with children, youth, and their families in child welfare and mental health.

The Guide is organized in three main sections:

- 1) Chapter One provides background, purpose and context, and introduces the concept of an integrated system-wide practice model.
- 2) Chapter Two defines the practice model itself, including its values and principles. Chapter Two also describes teaming and integrated standards of practice, such as trauma focused care, and other components and services.
- 3) Chapter Three focuses on stages and framework for implementation.

Counties are to use the CPM integrated approach to provide services to children and youth who are class members. The class is defined as children in California who:

- a) Are in foster care or are at imminent risk of foster care placement and
- b) Have a mental illness or condition that has been documented or if an assessment has already been conducted, would have been documented, and
- c) Who need individualized mental health services, including but not limited to professionally acceptable assessments, behavioral support and case management services, family support, therapeutic foster care, and other medically necessary services in the home or in a home-like setting, to treat or ameliorate their illness or condition.

The December 2011 Katie A. Settlement Agreement requires County Mental Health Plans (MHP) to begin providing ICC and IHBS on January 1, 2013, to a subclass of children/youth within the class. The Katie A. Subclass members are children and youth who are full-scope Medi-Cal eligible, meet medical necessity for Specialty Mental Health Services, have an open child welfare services case, and meet either of the following criteria:

- Child/youth is currently in or being considered for: wraparound, TFC, specialized care rate due to the behavioral health needs or other intensive Early and Periodic Screening, Diagnosis, and Treatment services, including but not limited to therapeutic behavioral services or crisis stabilization/intervention or
- Child is currently in or being considered for a group home (RCL 10 or above), psychiatric hospital or 24-hour mental health treatment facility (e.g., psychiatric inpatient hospital, community residential treatment facility) or has experienced three or more placements within 24 months due to behavioral health needs.

The ICC is a service that facilitates assessment, care planning, and coordination of services, including urgent services for children/youth who meet the Katie A. Subclass criteria. The IHBS are intensive, individualized, and strength-based, needs-driven intervention activities that support the engagement and participation of the child/youth and his/her significant others and to help the child/youth develop skills and achieve the goals and objectives of the plan. The ICC and IHBS are part of the array of Specialty Mental Health Services (SMHS). It is important to note that the subclass of children may also be eligible for other SMHS. More information on available SMHS can be found by consulting the [County Mental Health Plan](#).

The ICC and IHBS are intended to be integrated into the child and family team process, and will require more frequent and active participation by child welfare and mental health partners to address individual needs of the child and youth. The service array of ICC and IHBS should be sufficiently flexible to meet the unique needs of the child and youth, and, whenever possible, be delivered where the child and family reside.

Child welfare and mental health agencies are undergoing various incremental systems redesign and transformation as a result of several major initiatives – the Mental Health Services Act, the Affordable Care Act, California’s Child and Family Services Review process, and the California Partners for Permanency. As a result, both systems will recognize that there are striking similarities between the CPM elements and the values and principles embodied in these initiatives, including but not limited to shared responsibility, collaboration, cultural competence and humility, child centered and family focused driven systems, permanency, evidence-based practices, transparency, disproportionality, disparity and accountability.

Shared values and principles are crucial to successfully integrating practices between child welfare and mental health. The CPM describes the shared values, principals, and standards of practice for child welfare and mental health agencies, service providers and community/tribal partners working with children, youth and families. The CPM is not a practice model specific to a single agency.

Training

The CPM guide will support development of curriculum for future trainings. The CDSS statewide training system will work with DHCS, county child welfare, county mental health, community/tribal partners, parent partners, and other stakeholders to identify day-to-day practice activities and behaviors, as well as training and coaching materials, for effective implementation of the CPM. There will be integrated trainings sponsored by CDSS and DHCS as the State moves forward to promote and support the implementation of the CPM.

Orientation about the CPM guide and the Medi-Cal Manual will be coordinated by the CDSS and DHCS for April and May 2013. Orientation meetings will occur in Sacramento, the Bay Area, Northern, Central, and Southern California. These orientations will provide county child welfare and mental health staff with an overview of the key values and principles of the CPM and the core components of ICC and IHBS. . More information on dates and locations will be forthcoming.

The CPM guide is a living document and it is the first step in defining an integrated practice approach. It is anticipated that the practice standards and activities will be augmented, refined, and revised as counties develop and test strategies for providing services and supports in accordance with the CPM. This guide is one of many resources that will support implementation of the CPM. Further information on applying these principles and practice standards to Probation youth will be forthcoming.

If you have questions or need further information, please contact the Child Protection and Family Support Branch, at (916) 651-6600 or KatieA@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division