# California's Integrated Core Practice Model for Children and Youth

*Implications and Opportunities for Juvenile Probation Services*

*CPOC  CCR Conference*

*June 21, 2019*

# Most Important Takeaway…

- California's public youth serving partners are in the midst of the most significant and far-reaching reforms in the country's history.

- Unique tools in support of those reforms have been developed and enhanced to support counties and providers.

- The *state's Integrated Core Practice Model Guide* provides the recipe for not only successful care and service delivery, but for enhanced job satisfaction for professionals.

# A little History...

- *Late 1990's: Led by California, many states began reducing the number of youths committed to youth correctional institutions.*

- *Borrowing from the lessons learned from the closing of the Massachusetts training schools in the early 1970s, the efficacy of the congregate institution was now being questioned.*

- *By the end of the first decade of the 21$^{st}$ century, states such as California were instituting the most sweeping reforms in the history of the juvenile justice system. These reforms led to....EBPs, Trauma Informed Awareness, etc.*

# History: Emergence of Evidenced Based Care

- Functional Family Therapy

- Multi Systemic Therapy

- Positive Behavior Interventions and Supports

- Connections (Wraparound)

- Diversion Programming/Community Centered Care

- "Cross Over" Youth Practice Model--designed to reduce the flow of youth between the child welfare system and the juvenile justice system, the number of youth entering and reentering care, and the length of stay in out-of-home care.

# The Most Important (Healing) Reform…

- *Miller (2015) describes a "synthetic" officer, who draws on a combination of law enforcement and social work approaches—specifically, building rapport with probationers, but invoking an obligation to enforce probational conditions to promote cooperation when required. The combination gives the probation officer greater power to help probationers make positive changes, reduce recidivism, and foster **a positive relationship** with the officer.*

# Context: "System" Reform Prior to Continuum of Care (AB403)

- Systems of Care (1985-98)
- Wraparound (1997)
- Mental Health Services Act (2005)
- CWS Redesign/ Family Group Decision Making (2006)
- Juvenile Justice Realignment/SB 81 (2007)
- Katie A. Class Action and Settlement (2012)
- Local Control Accountabilty Planning (2013)
- Health Clinics in Schools
- Realignment (2011)
- Continuum of Care Reform (2015)
- AB 2083 (2019)

# What is the ICPM?

- Defines research based expectations for social workers, juvenile probation officers, county mental health staff and partners:
  - Shared values and principles
  - Core components of healing teams
  - Staff practice & leadership behaviors
  - Support genuine relational healing from trauma
- ACIN I-21-18 (May 18, 2018)

The California Integrated Core Practice Model for Children, Youth, And Families

# ICPM Evolution -

- Katie A/Pathways CPM
- CWS leads an early implementation of <u>Welfare Practice Model</u>, adding elements, including development of Practice and Leadership Behaviors
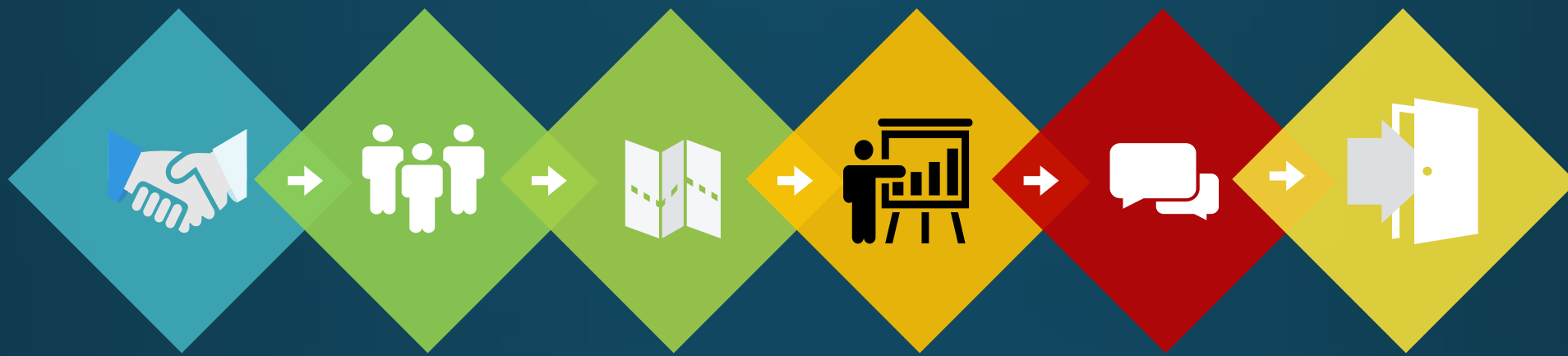- 2016--Probation and Behavioral Health Specific Workgroups

Pathways CPM ➡ California's Welfare PM

➡ *Integrated Core Practice Model*

# ICPM Practice Principles

1. Family voice and choice
2. Team-based
3. Natural supports
4. Collaboration and integration
5. Community-based

6. Culturally respectful
7. Individualized
8. Strengths-based
9. Persistence
10. Outcomes-based

Engagement

Assessment

Service Planning and Delivery

Monitoring and Adapting

Coordination and Care Management

Transitioning

The ICPM Practice Phases

- The ICPM supports a cross-system, cross-agency team environment that more effectively and efficiently addresses concurrent and complex child, youth, and family needs.

- The ICPM is a framework that sets the Child and Family Team as the primary vehicle for a team-based process. (ACL 16-84 and ACL 18-23)

# CFTs & ICPM

# Some pondering together…

➢ *Is my Juvenile Services Team actively using the ICPM?*

➢ *How is that going?*

➢ *If not using now, when and how will I engage Child Welfare and Behavioral Health leaders to plan for shared implementation?*

# ICPM Implementation Tools and Support

- https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/california-child-welfare-core-3

# Implementation of Sustainable Core Practice Invites Partnership

Receiving services from different public agencies creates major obstacles and challenges for youth and caregivers and is also a barrier for providers.

Approximately 50% of families will be served by parallel or secondary systems.

More than 25% of youth will be served by a at least one additional county (Out of County)

**_Closes the gaps_** in access, coordination, information sharing and service delivery.

# Why Core Practice must be INTEGRATED Across Agencies?

❖ Can't be Trauma Informed without BH/MH
❖ Empowers stakeholders/communities
❖ Insulates from government funding shifts
❖ Shares stewardship, accountability and risk
❖ Increases accessibility and capacity
❖ Increases cultural proficiency and sensitivity
❖ Fosters independence for consumers
❖ Reduces recidivism and Re-Entry
❖ Reduces costs to agencies/ Return on Investment for partners…

# ICPM intended to support multi-agency System of Care

- In 1984, Federal partners initiated the Child and Adolescent Service System Program to help states plan for and design systems of care to address the mental health needs of children who were experiencing a serious emotional disturbance.

- The systems of care approach was originally created in response to concerns that:
  - Children in need of mental health treatment were not getting the services they needed
  - Services were often provided in restrictive out-of-home settings
  - Few community-based services were available
  - Service providers did not work together
  - Families were not adequately involved in their child's care
  - Cultural differences were rarely taken into account (Stroul, 1996)

# What is a "System of Care"?

- **Ideological:** A way of partnering and being with peer organizations and a set of strategies and tactics to support that way of being. Sharing of Risk, Responsibility, and Reward

- **Practical:** Formal sharing of people, process, policy, money, facilities and infrastructure.

- Most often associated with Wraparound Services.

- SOC in California was fundamentally misidentified in 1998.

# Essential Elements of System of Care:

- Co Located/Multiple Agency Teams
- Fully and Authentically Trauma Informed
- Uniform, Single Assessment *and* Client Service Plan
- Cross Training
- Integrated Management, Policy and Decision Making
- Blended and/or Braided Funding
- Consumer Governed/Shared Management

# Brief history of SOC In California

- Systems of Care in CA—Between 1985-1998 (Fed. SAMHSA Pass Through)
  - Ventura (84/85); Santa Cruz, San Mateo, Riverside(88/89); Placer, Humboldt, Stanislaus, LA, Monterey, SLO, Merced (93/94)
  - In most counties, became reallocated to MH Budget.
  - Most County MHPs today maintain only fragments of early SOC
- Realignment (2011) and MHSA (2004) provided resources in support of Blended/Braided Financing
- Katie A, CCR and AB 2083—Best opportunity ever in CA for finally delivering on Integrated Care.

# *System Integration Takes Many Forms…*

❑ **Functional**—Delivering Services with others

❑ **Physical**—Multiple agencies, including private partners, are co located in county or private service sites

❑ **Fiscal**—Dollars from various state, federal and local fonts are shared to the fullest extent allowable  (Braiding $)

❑ **Organizational**—Departments re engineered as single, legal entity hosting all youth services (Blending $)

Collaboration ≠ Integration

Cooperation ≠ Integration

# Systems Return on Investment

➢ Increased School Attendance rates by nearly 10%

➢ Expanded array of home- and community-based services and supports, individualization of services, increased family and youth involvement, and increased use of evidence-based practices.

➢ Children and youth were less likely to require inpatient services.(42% Decrease)

➢ Less likely to visit an emergency room (ER) for behavioral and/or emotional problem=Average cost per child for ER visits decreased 57%.

➢ Less likely to be arrested/average cost per child for juvenile arrests decreasing by 38%.

➢ 8.6% school dropout in SOC jurisdictions vs. 15% for Traditional

# AB 2083 Blueprint: Interagency SOC Memorandum of Agreement

- "…ensure that the systems partners' programs and polices reflect a coordinated, integrated and effective delivery of services for children, youth and families."

- "…to provide oversight and accountability for certain state and federally funded programs and services, and to otherwise act as a coordinating council and planning body related to the programs and services contained herein. "

- "…address systemic barriers to the traditional provision of interagency services. It is the intent of the agency partners to create a single service plan and maintain an administrative team with collaborative authority over the interrelated child welfare, juvenile justice, education, and mental health children's services."

- Interagency Leadership Team

- Interagency Placement Committee

- Child and Family Teaming and Unified Service Planning

- Screening, Assessment and Entry to Care

- *Implementation of Integrated Core Practice Model*

- Recruitment, Retention of Resource Families and TFC

- Information and Data Sharing (Client and System)

- Foster Care/ ESSA/Transportation Coordination

- Quality Management and Provider Oversight

- Staff Recruitment and Coaching

- Financial Resources and Management

- Dispute Resolution

*AB 2083-- "Blueprint" for Local Systems work (MOU)*

# Why an Interagency Memorandum of Understanding?

- *Outcomes and Reports (SIP/JJCPA/YOBG, etc.)*
- *Sustain Through Personnel Changes/Retirements*
- *Protect Agreements when Funding Challenges are present*
- *Save Training Money*
- *Enhance Staff Retention (Cross Training/Opportunities)*

# *Interagency Leadership Team/Management Composition*

- Designated Superior Court Judge
- Chief Probation Officer
- Director/Assist. Director of HSA or Social Services
- County Health Officer
- Deputy Schools Superintendent/Sr COE Staff
- Children's Mental Health Lead/Deputy

# *Interagency Leadership/Management <u>Processes</u>*

- Designs and Approves Shared:
  - Policy
  - Revenue/Expenses
  - Training Resources
  - New Programs
  - Leverages Human Capital
  - Charts Mission and Vision

# Questions to ponder on…

- *What can my department do to create or deepen the Interagency Leadership conversations around youth in my county?*

- *What might I do to foster greater engagement with my Welfare, Behavioral Health or Special Education peer leaders?*

# Early County Outcomes

(Riverside and Los Angeles)

- Average number of Referral Days opened reduced from 44 days to 34 days.
- Number of CFT Meetings have tripled since January 2016
- Average Number of CWS Placements per youth declined 60%
- 75% Reduction in AWOL Behavior
- Significant Improvements in Re-Offending Rates

*"Your work around an integrated practice model is important for the field. As a result of your work, CA is in a leadership position in moving the field forward. While keeping all 58 counties going in the same direction is not easy, the state has come a long way in a relative short period of time."*

- Bryan Samuels, Chapin Hall, Former ACF Chief

Reflections, Questions or Comments

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