

**RECOMMENDATIONS TO THE LEGISLATURE ON  
IDENTIFIED PLACEMENT AND SERVICE GAPS  
FOR  
CHILDREN AND YOUTH IN FOSTER CARE WHO HAVE  
EXPERIENCED SEVERE TRAUMA**

**October 2020**



# **Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who Have Experienced Severe Trauma**

## **LEGISLATIVE MANDATE**

Assembly Bill 2083, Chapter 815, Statutes of 2018, added Section 16521.6 to Welfare and Institutions Code, requiring the joint interagency resolution team in consultation with county agencies, service providers, and advocates for children and resource families to develop and submit recommendations to the Legislature addressing any identified gaps in placement types or availability, needed services to resource families, or other identified issues for children and youth in foster care who have experienced severe trauma, no later than January 1, 2020.

**(Assembly Bill 2083, Chapter 815, Statutes of 2018)**

This report can be found online at the [California Health and Human Services Agency website](#).

## **BACKGROUND**

Implementation of Chapter 815, Statutes of 2018 (AB 2083) requires each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. Additionally, the legislation calls for the following deliverables:

- Develop MOU Guidance Welfare and Institutions (W&I) Code 16521.6 b(1)(B)(i)
- Establish a process to request technical assistance from a joint interagency resolution team W&I Code 16521.6 b(1)(B)(ii)
- Identify Gaps in Placement Types, Services, or Other Issues W&I Code 16521.6 b(1)(B)(ii)(2)(A)
- Develop a Multiyear Plan for Increasing Capacity W&I Code 16521.6 b(1)(B)(ii)(3)

Per W&I Code 16521.6 b(1)(B)(ii)(2)(A) the joint interagency resolution team formally named the Children and Youth System of Care State Technical Assistance (TA) Team (to be referenced as State TA Team moving forward), in consultation with county agencies, service providers, and advocates for children and resource families, identified gaps in placement types, services, and other issues with the placement and service options available to county child welfare agencies and county probation departments for children and youth in foster care who have experienced severe trauma. In compliance with statute, the State TA Team has developed recommendations to provide to the Legislature addressing those identified gaps.

## **CHILDREN AND YOUTH SYSTEM OF CARE**

The State TA Team, in consultation with local partner agencies, service providers, and advocates for children and resource families, has adopted a “Children and Youth System of Care” approach to implementing the deliverables associated with AB 2083, all of which are in an initial phase of implementation.

AB 2083 requires each county to develop and implement an MOU outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. In December of 2019, the California Health and Human Services Agency (CHHS) and the California Department of Education (CDE) published the AB 2083 MOU Implementation Guidance for counties to use as they establish their local Children and Youth System of Care MOUs. This guidance recommends that local MOUs include, at a minimum, the following components:

- Establishment and operation of an Interagency Leadership Team (ILT)
- Commitment to the implementation of the Integrated Core Practice Model (ICPM)
- Information and data sharing agreements
- Processes for screening, assessment, and entry to care

- Processes for child and family teaming and universal service planning
- Establishment and operation of an Interagency Placement Committee (IPC)
- Alignment and coordination of transportation and other foster youth services
- Staff recruitment, training, and coaching
- Financial resource management
- Development of a dispute resolution process
- Recruitment and management of resource families and delivery of Therapeutic Foster Care (TFC) services

When building the local MOUs and developing the components outlined above, the local Children and Youth Systems of Care will identify opportunities for further growth in systems, services, placements, and other areas in their local county. The State TA Team anticipates that this process will help guide identification around gaps and inform any potential solutions to address the gaps and potential opportunities for further growth.

### **STATE INTERAGENCY TEAM AND STAFF**

In addition to providing MOU guidance, state departments have created a new joint team to develop guidance and provide support and technical assistance to local partners. Four state departments have each identified dedicated staff to serve as members of the new State TA Team. Staff in these positions meet in person or via a web-based setting regularly and are responsible for fulfilling or coordinating the state analytical work associated with AB 2083 implementation, for enhancing state level collaboration and coordination needs across systems, and for providing integrated local technical assistance. The four state departments, California Department of Social Services (CDSS), CDE, the Department of Developmental Services (DDS), and the Department of Health Care Services (DHCS), have created a total of seven new positions to assist with this effort.

Per statute, the State TA Team intends to support local Children and Youth System of Care implementation through the provision of integrated technical assistance. Two new technical assistance processes have been established, as outlined in ACL 20-63/BHIN 20-013.

#### *1) Request for Technical Assistance for Children and Youth System of Care Policy Development and Practice Implementation*

This process will provide technical assistance related to designing, completing, installing, implementing or sustaining the local MOU and related processes and practices. The goal of the State TA Team will be to offer support to local partner agency leaders in identifying and outlining solutions related to the MOU and the local Children and Youth System of Care.

#### *2) Request for Child or Youth Specific Technical Assistance*

This process will provide technical assistance when local partners require assistance for a specific child or youth in care. The goal of the State TA Team will be to provide high-level state and local interagency technical assistance, and child specific case resolution or multi-system process resolution.

Additionally, the State TA Team will provide ongoing guidance and technical assistance (utilizing the above described processes) in support of local implementation of the capacity planning and gaps analysis phases outlined in this letter.

## **PHASES OF IMPLEMENTATION**

The Children and Youth System of Care is in an initial phase of implementation and will require an ongoing phased approach to conduct local capacity mapping, needs assessments and capacity building strategies, with support from the State TA Team and the AB 2083: System of Care State and Local Workgroup.

This effort builds upon the current Continuum of Care Reform (CCR) effort by, among other things, developing a coordinated, timely, and trauma-informed system-of-care approach for foster children and youth. Importantly, California's investment in CCR established a new statewide vision for the role of residential care within the full continuum of available placement options, in which residential care is no longer viewed solely as a "placement" for children. Rather, residential care is an intervention intended to address the behavioral/mental health and developmental needs of youth and to assess and support a well-planned transition to home-based settings.

Children in out-of-home placement are served by multiple systems and programs including, at a minimum, the placing agency (child welfare or probation), public education, Medi-Cal Managed Care Plans (MCPs), county Mental Health Plans (MHPs), Drug Medi-Cal and Drug Medi-Cal Organized Delivery System county partners, and the local regional center. Navigating these various systems may lead to service gaps, duplicated and ineffective services and placement instability, which greatly compound the trauma for the child and family. By adopting a System of Care mindset at the local and state level, we will have a greater and more successful impact on families and our communities.

As part of the initial state level capacity planning, this report provides a high-level integrated map of the continuum of care settings, assessments, services and engagement processes provided by each of the signatory public agencies. It also establishes a phased process by which local agencies, in partnership with their respective state departments, will identify local gaps in capacity, based on available data and proxy indicators.

One key area of focus emerges from the fact that despite advances in individual data sharing agreements between some departments, state and local jurisdictions lack unified multi-agency approaches to data sharing, integration, matching and analysis. For example, because the Department of Education data system and the county child welfare service (CWS) data systems are not integrated, educators and social workers do not have the real-time information needed to seamlessly provide services, avoid duplication, and align resources. As such, educators have no systematized or automated way of knowing the services that CWS may be providing to youth; and county social workers have no systematized or automated way of knowing the services schools and districts may be providing to students. The lack of integrated data systems is an identified gap which has impacted the ability to gather information and identify service gaps at the local level across systems.

Therefore, the State TA Team and the AB 2083: System of Care State and Local Workgroup recommends a multi-phased approach to fulfilling the requirements related to the capacity gap analysis and the required plan to address identified gaps. The three phases are summarized below. Additional detail for each phase, including tasks accomplished to date, is provided in the next section of this report.

- **Phase I:** Mapping Current Continuum and Identifying State and Local Data
- **Phase II:** Local Capacity Gap Determinations Related to Placement Settings and Service Networks
- **Phase III:** Planning to Address Identified Capacity Gaps Using System of Care Approach

Due to the State of Emergency declared by the Governor on March 4, 2020 regarding outbreak of COVID-19, adjustments may be made to the proxy measures and analysis conducted in Phase II and III. In addition, the time periods (pre and post COVID-19) for which data is being used for proxy measures may also be adjusted to reflect the fiscal and programmatic impacts of the COVID-19 pandemic.

## **PHASE I: MAPPING CURRENT continuum and IDENTIFYING STATE and local data**

In Phase I the State TA Team:

- Developed a resource document, the *Continuum of Care for Children in Out of Home Settings (Attachment A)* that includes care settings, assessments, family engagement processes, support services and cultural competencies available from system partners at the local level.
- Identify existing data sources to determine current capacity.
- Identify existing data sources and opportunities for data sharing at the state level and coordinate data sharing agreements specific to Children and Youth System of Care.
- Develop tools and processes to support Phase II local capacity inventory based on the available data and information.

### **Developed Continuum of Care for Children in Out-of-Home Settings Resource Document (Attachment A)**

California state agencies in partnership with local and state stakeholders developed a guiding resource document the *Continuum of Care for Children in Out-of-Home Settings (Attachment A)* that includes a review of the continuum of programmatic options that may be available statewide. While there may be local variation in terminology, service models, and program models, this document is intended to reflect the expected Continuum of Care that is generally available statewide to meet the needs of children and families.

This document is a foundational tool to support local partners in addressing the requirements of their AB 2083 MOU or interagency agreements (IA). This document also begins to address the AB 2083 requirement for the State TA Team to review placement and service options that may be available at the local level and should help the state in guiding local partners in identifying their current capacity and their service and placement needs.

### **Identify Existing Data Sources to Determine Current Capacity**

In Phase I, to better understand the current capacity for the components defined in the *Continuum of Care for Children in Out of Home Settings*, State TA Team has identified the following state sources of information that will be used in later phases to inform potential needs or gaps in systems, services, or placements.

- CDSS administrative data regarding:
  - Licensed community care facilities
  - Current placement data for children in foster care placed in licensed community care facilities
  - Child Welfare Services/Case Management System data regarding supportive services



- Available Child Adolescent Needs and Services (CANS) data
- Child Welfare Screening and subsequent Referral data for Mental Health Services
- Probation youth previously served in Child Welfare
- California Child and Family Services Review (CFSR) Case Review Data
- Structured Decision Making (SDM)
- CalWORKs
- DDS administrative data regarding:
  - DDS operated facilities
  - Regional center vendored residential care settings
  - Claims for regional center provided or contracted supportive services
- DHCS administrative data regarding:
  - Penetration and engagement rates for Specialty Mental Health Services (SMHS)
  - Penetration and engagement rates for DMC/DMC-ODS services
  - SMHS claims data
  - Child Adolescent Needs and Services (CANS) data
  - Pediatric Symptoms Checklist (PSC-35) data
  - California Children's Services program data
  - Claims data regarding Psychiatric Health Facilities and Acute Psychiatric Inpatient Hospital services
  - Claims data regarding crisis services
  - Claims data regarding planned services following a crisis (individual, community)
  - Claims and/or CalOMS data for Substance Use Disorder (SUD) Services
  - Medi-Cal services provided through Managed Care Plan or Fee-for-Service-providers
  - Pharmacy data
  - Data regarding unapproved claims
  - Referral rate made by MCPs to county Mental Health Plans
  - Referral rate made by MCPs to DMC/DMC-ODS programs
  - Mental Health Services Act (MHSA) Programs and Services
  - Local Educational Agency (LEA) Medi-Cal Billing Option Program (BOP) Data
  - School-Based Medi-Cal Administrative Activities (SMAA) Data
  - Other data as applicable
- CDE Data:
  - High School Completion and College
    - Graduation and dropout rate and count
    - Other high school completion types: General Education Development, California High School Proficiency Examination, Special Education Program Department Certificate
    - College-Going Rates

- Attendance and Enrollment
  - Chronic absence rates/counts
  - Foster match rates by county of enrollment and jurisdiction
  - Cumulative and census day enrollment for foster youth
- Academic Achievement
  - California Assessment of Student Performance and Progress in English Language Arts and Mathematics
- School Climate
  - Suspension rates and counts
  - Suspension by most serious offense
  - Expulsion rates and counts
- Additionally, the Foster Youth Data Liaison matches data efforts in collaborates with the CDSS
- Data related to services under AB 114-Educationally Related Mental Health Services (EHRMS)

All department's administrative data will include elements for the review and analysis of ethnic and racial service equity disparities indicators to the extent possible.

### **Identify Existing Data Sources and Opportunities for Data Sharing**

In Phase I, the State TA Team, in partnership with shared interdepartmental subject matter experts, will conduct mapping and analysis of the aforementioned existing state data sources. An existing MOU and Intra-Agency Data Exchange Agreement (Agreement) intended to facilitate data integration and exchange between departments within the California Health and Human Services Agency (CHHS) in compliance with all applicable federal, state and local laws, regulations, and policies. This Agreement is intended to be the sole agreement for data exchange among CHHS Departments and eliminates the need for CHHS Departments to enter into "point-to-point" agreements except where a different agreement is required by the federal government or federal law. This existing MOU and Intra-Agency Data Exchange Agreement facilitates a variety of diverse data sharing arrangements between the CHHS Departments and involved in the System of Care work required by AB 2083. Additionally, the CDE engages in a variety of unique data arrangements with the System of Care state partners. For example, CDE and CDSS have established a unique data sharing relationship through the establishment of a Universal Data Sharing Agreement (UDSA). This UDSA serves as an umbrella agreement under which several smaller Data Exchange Projects (DEPs) have been facilitated. These DEPs allow data to be shared between CDE and CDSS in a timely fashion, serve a variety of data sharing needs, and ensures both agencies have access to the data necessary in providing support and services to children and youth in foster care.

Understanding the current data sharing arrangements is critical to knowing and addressing where there are potential gaps in obtaining and linking the identified

interdepartmental data. By mapping the current data sharing agreements and addressing potential gaps in the various departments' data linkages, new agreements can be initiated based on identified gaps. In addition, a comprehensive mapping and data linkage between the participating departments, will provide a full analysis of the existing state data that will inform the development of tools and processes to support the local capacity determinations in Phase II.

### **Develop Tools and Processes to Support Phase II Local Capacity**

In Phase I, the State TA Team will coordinate the identified sources of information and the analysis as starting points in order to prepare for Phase II. In Phase I, the state team will prepare guidance, tools and technical assistance processes that will support local Children and Youth System of Care partners to develop local capacity maps based on the *Continuum of Care for Children in Out of Home Settings*.

### **PHASE II: Local Capacity Gap Determinations Related to Care Settings and Service Networks**

In Phase II, the following will occur:

- Map and analyze existing county data sources and agreements for data and/or information sharing between local agencies, inclusive of public education (COE, SELPA, LEA).
- Centralize and coordinate administrative data that informs current local capacity mapping and analysis of potential unmet needs.
- Develop tailored technical assistance to support local partner agencies in conducting local capacity mapping based on the administrative data and information, potentially including but not limited to, county contracts, claims data, and CANS data.
- Share administrative data and reinforce informational feedback loops with local partner agencies to inform their self-assessments and ongoing capacity needs of their local continuum of care options.

### **Map and Analyze Existing County Data Sources**

In Phase II, the State TA Team will work with Children and Youth System of Care partners to develop local inventories of current capacity based on the *Continuum of Care for Children in Out-of-Home Settings*. This will involve state-local partnerships to conduct local self-assessments of current capacity and coordinating state-level data with local data, including data from local contracts or administrative systems. As a part of the local self-assessment process, local agencies will conduct an initial mapping and analysis of existing data, information sources, and agreements with local partner agencies, including public education partners. The State TA Team will provide each region with a tool kit, including available state level data, guiding questions and ongoing TA to support local capacity mapping activities.

## **Centralize and Coordinate the Available and Identified Administrative Data**

To identify capacity gaps or needs, Phase II will involve the coordination of data that will be used as local proxy measures to serve as potential indicators for unmet need or capacity gaps. These proxy measures will be based on where children and youth reside, length of stay in restrictive settings, and the significance and type of youth's needs based on claims and the various assessment domains that indicate areas of significant need.

This information will allow the state to: 1) prioritize and provide targeted TA, resource development and prevention support to counties; and 2) provide targeted TA to counties in areas of self-assessment and development of their local continuum of care for children and youth in foster care.

Placement and supportive services options for youth in foster care with complex needs fall on a continuum from least to most restrictive settings. However, this continuum should not be viewed as a linear step-up or down process. **Mandates to ensure children are placed in the least restrictive placement setting requires a continuum of care that is dynamic, jointly planned and based on the individual needs of all youth, including children with the most complex needs.**

When a continuum of intensive home-based services is not available or is insufficient, children are at risk of being unnecessarily placed in a more restrictive settings and may remain in such settings longer than is appropriate. Further, the lack of a coordinated continuum of care leads to system inefficiencies, including failed and duplicative interventions. Despite significant state and local expenditures, isolated systems fail to consistently meet the needs of the child and family, which in turn potentially impacts long-term costs across multiple public systems.

Identifying a method to quantify whether there are gaps in the overall capacity of the continuum of care has remained a long-standing challenge. Despite advances in individual data sharing agreements between some departments, state and local jurisdictions lack unified multi-agency approaches to data sharing, integration, matching and analysis. The lack of integrated data systems is an identified gap which has inhibited the ability to gather information and understand the gaps in services available at the local level across systems.

## **Develop Tailored Technical Assistance to Support Local Partner Agencies**

To address this challenge, the State TA Team has identified proxy measures to identify variations or gaps in the local capacity of residential care settings and supportive services. The information resulting from the identified proxy measures will be centralized and coordinated. Feedback from the proxy measures will guide a TA process to local partner agencies and inform local capacity self-assessments and mapping activities by local partner agencies.

The identified data to inform proxy measures includes:

- CDSS data on group home transitions to STRTP
- Out of state placement data
- County STRTP length of stay, placement trends and treatment completion outcome data
- Youth in STRTPs also receive SUD (DMC/DMC/ODS) services or treatment to address co-occurring substance use
- County placement stability measures (including instability in family settings and AWOL status)
- Temporary Shelter Care Facility over-stay reports
- Dual Agency Report (DDS and CDSS)
- Psychiatric hospitalization data (including admission and length of stay)
- Residential SUD treatment episodes
- Frequent reliance on emergency or crisis services
- Law enforcement contacts and involvement
- Another Planned Permanent Living Arrangement (APPLA) and Permanent Placement
- Child welfare referral encounters based on neglect type (such as substance use, domestic violence etc.)
- Comparative functional assessment scores, such as CANS
- Foster care and residential placement re-entry data
- Matched supportive services data for children in identified restrictive and emergency settings
- Locally provided supportive services data
- Out of county placement
- Presumptive transfer or waived
- Timely notification to county MHPs of presumptive transfer or waiver by the placing agency
- Reunification outcomes

### **Share Administrative Data and Reinforce Informational Feedback Loops**

The State TA Team will use these data inputs, to the extent data is available, to identify youth in the most restrictive settings, or in the most unstable placements, and evaluate the level of services and factors that preceded these placements. Children and youth in restrictive or unstable settings are often the most challenging to serve particularly when they have co-occurring medical, behavioral, developmental, mental health and substance use challenges. Utilizing proxy measures to map a child's journey through the local continuum of care, including placement settings and supportive services is an essential step for local partner agencies in addressing capacity gaps and needs.

By targeting capacity gaps and needs for those children with the most significant needs, the safety net of services available through the dynamic local continuum will be robust

and ready to serve youth with less complex needs, regardless of where they enter the continuum. Additionally, by evaluating pre- and post-placement and system entry data, trends and trajectories can inform mapping capacity activities at the local level, and guide state level TA and future continuum of care investments. These efforts will include local self-assessment of capacity gaps, including community and end-user engagement activities.

With the completion of the centralization and coordination of administrative data, local self-assessments informed by feedback and information from available data and application of proxy measures, Phase III will move the state and local Children and Youth System of Care partners into planning to address the identified capacity gaps and local needs.

### **PHASE III: Planning to address identified capacity gaps**

Following completion of Phase I and II, and using the best available data, the State TA Team will begin implementing Phase III, which will include:

- Development of a statewide multi-year plan to address capacity gaps, as mandated by W&I Code 16521.6 b(1)(B)(ii)(3).
- Development of local multi-agency plans to implement the Children and Youth System of Care approach to capacity building.
- Ensure planning activities are highly responsive to end-user engagement.
- Ongoing assessment of Phases I-III using available data and Continuous Quality Improvement methods.

# CONTINUUM OF CARE FOR CHILDREN IN OUT-OF-HOME SETTINGS

## (Attachment A)

### Continuum of Care for Children in Out-of-Home Settings Resource Document

California state agencies developed this resource document to support county teams in addressing the requirement of their System of Care (AB 2083) Memorandum of Understanding (MOU). This guidance also addresses the requirement of AB 2083 for the state interagency team to review placement and service options that are available to county child welfare agencies and county probation departments. The document includes tables displaying the continuum of programmatic options that are available in the state that address the following areas:

- Continuum of Out-of-Home Care Settings (*Table A*)
- Common Assessment Categories/Areas Utilized by System of Care Partners (*Table B*)
- Continuum of Supportive Service Options for a System of Care Services (*Table C*)
- Continuum of Programmatic Options for Special Education (*Table D*)
- Continuum of Cultural Competencies Shared by System of Care Partners (*Table E*)

Subsequent guidance and tools will be provided by the Children and Youth System of Care State Technical Assistance Team to support the identification of local capacity for their Continuum of Care, which can then be incorporated within each county's System of Care MOU.

### Continuum of Out-of-Home Care Settings (Table A)

This table represents a high-level overview of the existing continuum of out-of-home care settings for children in foster care and includes emergency placement options, transitional placements, placement options providing ongoing support and care, and permanent placement options. However, transitional placement settings such as Short Term Residential Therapeutic Programs (STRTPs) are not intended to alleviate the necessity of ensuring a continuum of home-based settings, services and supports capable of supporting the needs of children up to a hospital inpatient level of care. These transitional placement settings are intended to support the safety and stability of the child while the correct array of intensive home-based services are identified and implemented. For foster youth who have an individualized education program (IEP); their IEP team can make a determination to place the foster youth, as part of the related services offered by their IEP, in the settings indicated in the table. Settings included under the permanency section are not separate from or exclude a full range of support services that may also be provided. However, some service settings are intentionally crisis or short term focused and limited, while community-based care is planned for and implemented.

### Common Assessment Categories/Areas Utilized by System of Care Partners (Table B)

This table provides a list of common assessment categories that are used by System of Care partner agencies. Counties are not limited to the assessment categories that are represented. The assessment categories included are commonly used to determine eligibility, needs, client assets, and to secure the appropriate complement of integrated supports and services, in the least restrictive

environment, for a youth and their family, and to provide some examples of assessments where there has been inconsistencies in service delivery.

It is important to understand that specific assessments are unique to a system or agency and may relate primarily to the service array and eligibility criteria associated with that system, or to inform legally mandated determinations. In other cases, assessments may serve a clinical or diagnostic purpose and may be difficult to properly interpret for individuals not trained in a given modality. However, some information from a system or agency assessment can be informative for other System of Care members to inform service planning and better coordinate services.

Some assessment tools, such as the Child and Adolescent Needs and Strengths (CANS), are used by both child welfare and behavioral health for complimentary but not always connected services. Additionally, a psychological educational assessment that is used within public education by IEP teams to determine a student's eligibility for special education and related services may not meet the requirements to provide services through other county System of Care partners such as a Mental Health Plan (MHP) that provides or arranges for Medi-Cal Specialty Mental Health Services or Regional Centers to establish eligibility for regional center services.

Many children in foster care have interrelated co-occurring needs that current assessment and system eligibility protocols may not adequately consider. Examples may include children who have a diagnosis of a developmental disability and behavioral health diagnoses. Importantly, assessments and service eligibility determinations often fail to adequately account for the fact that children in foster care may reside in circumstances where the child and caregiver have not yet developed healthy attachments necessary to support the emotional and developmental needs of the child. As a result, assessments that directly relate to approvals for specific interventions often underestimate the needs of these children and families, contributing to placement instability and poor outcomes.

To mitigate these challenges, a System of Care approach urges all partners to invest in mutual understanding and information sharing per the local System of Care MOU about assessment and approval processes. When barriers or gaps are encountered, the stability and wellbeing of the child and family need to be prioritized through steadfast partnerships and determined problem solving.

### **Continuum of Supportive Service Options for a System of Care (Table C)**

This table describe the existing continuum of supportive service options to meet the needs of children in out of home care settings. The table includes categories of supportive services such as: care coordination, support services, and general and special educational services.

The table also includes the continuum of program options for medical or clinical services that may be considered, depending on clinical determinations. It should be noted that this list is not exhaustive, rather, it reflects high-level descriptions of the service types that are generally available under the signatory public systems. The list may not capture many local program models or services that exist, including those established pursuant to Mental Health Services Act funding, or other funding sources, and does not capture the many community-based programs that provide supportive services to children and families.

It is critical that the continuum of supportive service options is designed to ensure that children are supported in the least restrictive care settings. Assessments conducted in emergency, transitional, or



more restrictive settings should be systematically and consistently reviewed by the System of Care to ensure that transitional or more restrictive settings, up to a hospital inpatient level of care, are not relied on due to a lack of available home-based settings and services.

### **Continuum of Programmatic Options for Special Education (Table D)**

This table provides a representation of a continuum of potential service environments provided by public education under the Individuals with Disabilities in Education Act (IDEA) provided in the least restrictive environment. Inclusion refers to the practice of special education students being educated with their peers in a general education environment.

### **Continuum of Care Competencies Shared by System of Care Partners (Table E)**

Critical care competencies have been identified, that System of Care partners should rely on when engaging with children/youth and their families. Some of these are agency specific, but all system partners should be familiar with these competencies. The table also indicates areas where System of Care partners can further develop knowledge and understanding.

## Continuum of Out-of-Home Care Settings (Table A)

### Emergency Settings

<b>Setting Options</b> <i>*Listed from lowest (least restrictive) to highest (most restrictive)</i>	<b>Placing/Approving Agency</b>
Voluntary or Court Ordered Family/intensive family maintenance	County Child Welfare
Prevention Orders WIC 636(d)(1) and Court Ordered Parent Participation in Programs 727(c)	Probation
Relative/Non-Relative Extended Family Member	County Child Welfare, Probation
Emergency Resource Family homes	County Child Welfare, Probation
Emergency Foster Family Agency	County Child Welfare, Probation
24-hr assessment centers	County Child Welfare, Probation
Temporary Shelter Care Facilities	County Child Welfare, Probation
Emergency beds at Short Term Residential Therapeutic Program	County Child Welfare, Probation
Short Term Residential Therapeutic Program - Children's Crisis Residential Program	County Child Welfare, Probation

### Residential Settings

<b>Setting Options</b> <i>*Listed from lowest (least restrictive) to highest (most restrictive)</i>	<b>Placing/Approving Agency</b>
Short Term Residential Therapeutic Program	County Child Welfare, Probation, IEP Team
Regional Center Group Home	Regional Center Vendedored
Substance Use Disorder Residential Treatment Services	Drug Medi-Cal and Drug Medi-Cal Organized Delivery System
Specialized Residential Facility (+18)	Regional Center Vendedored
Enhanced Behavioral Supports Homes	Regional Center Vendedored
Children's/Adult Community Crisis Homes	Regional Center Vendedored

Stabilization Training Assistance Reintegration (STAR) Acute Crisis Homes	DDS State Operated
Community Treatment Facility	County Child Welfare, Probation
Out of State Residential	County Child Welfare, Probation, IEP Team

## Acute Medical Settings

Setting Options <i>*Listed from lowest (least restrictive) to highest (most restrictive)</i>	Placing/Approving Agency
Psychiatric Health Facility	Mental Health Plans
Psychiatric Inpatient Hospital (Includes Psychiatric units within general care hospital)	Mental Health Plans
<b>Transitional Settings</b>	
Relative/Non-Relative Extended Family Member	County Child Welfare, Probation
Unmatched Resource Family Approval-level of care 1-4	County Child Welfare, Probation
Voluntary or court ordered family/intensive family maintenance	County Child Welfare
Transitional Housing Placement Program (THPP)	County Child Welfare, Probation
Transitional Housing Placement + Foster Care Program (THP + FC)	County Child Welfare, Probation
Intensive Services Foster Care	County Child Welfare, Probation
Therapeutic Foster Homes	County Child Welfare, Probation, Mental Health Plans

## Permanency

<b>Setting Options</b> <i>*Listed from lowest (least restrictive) to highest (most restrictive)</i>	<b>Placing/Approving Agency</b>
Relative/Non-Relative Extended Family Member/Guardianship/Reunification	County Child Welfare, Probation
Adoption Assistance Program	County Child Welfare
Supported Living Services (18+)	Regional Center Vendedored
Regional Center Vendedored Group Home	Regional Center Vendedored
Specialized Residential Facility (18+)	Regional Center Vendedored
Enhanced Behavioral Supports Homes	Regional Center Vendedored
Resource Family Approval Home (RFA)	County Child Welfare, Probation
Foster Family Agency	County Child Welfare, Regional Center Vendedored
Adult Family Home Agency (18+)	Regional Center Vendedored
Small Family Home	Regional Center Vendedored

### **Common Assessment Categories/Areas Utilized by System of Care Partners (Table B)**

<b>ASSESSMENT</b>	<b>SERVICE DELIVERY SYSTEM</b>
Child and Adolescent Needs and Strengths (CANS)	County Child Welfare, Mental Health Plans
Developmental assessments to determine regional center eligibility	Regional Center
Behavioral Assessment	Regional Center, IEP Team, County Child Welfare, Probation, Managed Care Plans, Mental Health Plans
Language Assessments	IEP Teams, Regional Center
Psychological Evaluation	County Child Welfare, Probation, IEP Team, Mental Health Plans, Regional Center
Trauma Assessments	Mental Health Plans
Neuro-Psychiatric Assessment	Managed Care Plans, Mental Health Plans, County Child Welfare, Probation
Risk Assessments	County Child Welfare, Probation, Regional Center
Biopsychosocial Assessment	County Child Welfare, Probation, Mental Health Plans

ASSESSMENT	SERVICE DELIVERY SYSTEM
Primary Care Medical	Public Health, Federally Qualified Health Centers, Managed Care Plans
Specialty Mental Health Assessment (determination of medical necessity)	Mental Health Plans
Psychological Educational Assessment	IEP Team
Substance use disorder assessment (determination of medical necessity and ASAM level of care for DMC-ODS)	DMC Programs and DMC-ODS Plans

### Continuum of Supportive Service Options for a System of Care (Table C)

SUPPORTIVE SERVICE OPTIONS	PROVIDING AGENCY
<b>Care Coordination</b>	
Child Family Team	Child Welfare, Managed Health Plans, Probation
Individualized Health Care Plan	Primary Care Physician (Managed Care Plans or Fee for Service Providers)
Individual Family Support Plan/Individual Program Plan	Regional center
Section 504 plan/Individualized Education Program/Student Study Team Plan	Public Education
Intensive Care Coordination/Multidisciplinary Team	Public Education, Probation, Child Welfare
Wrap-around	Child Welfare, Regional Center, Mental Health Plans
High-fidelity wrap-around	Child Welfare, Mental Health Plans
Intensive Care Coordination	Mental Health Plans
<b>Support Services (includes, but not limited to)</b>	
Pro-Social/Enrichment Activities: afterschool sports/music/arts	Public Education, Child Welfare, Public Health
Family finding/Intensive Permanency	Child Welfare, Probation
Respite Care	County Child Welfare, Regional Center Vended
Parent Partners	Child Welfare, Mental Health Plans
Peer Partners	Child Welfare, Metal Health Plans
Mobile Response (support to parents, children, and youth)	Child Welfare, Mental Health Plans, Probation, Regional Center Vended

<b>SUPPORTIVE SERVICE OPTIONS</b>	<b>PROVIDING AGENCY</b>
Housing	County Social or Human Services, Behavioral Health/Mental Health (MHSA); City Housing Development Agencies
Occupational Therapy, Physical Therapy, Speech and Language Therapy	Public Education, Regional Center Vendored
Paid Internship Program	Regional Center Vendored
Supported Employment Services	Department of Rehabilitation Services, Regional Center Vendored, Mental Health Plans
Department of Rehabilitation Student Services	Department of Rehabilitation Services
Vocational Rehabilitation Services	Department of Rehabilitation Services
Independent Living Services	Department of Rehabilitation Services/Independent Living Centers, Regional Center Vendored
Independent Living Program	Child Welfare, Probation
Applied Behavior Analysis	Managed Care Plans, DDS State Operated, Regional Center Vendored
Applied Behavior Analysis – specialized trauma focus	Managed Care Plans, DDS State Operated, Regional Center Vendored
SUD Prevention	County SUD/Prevention Programs

## ***Educational***

<b>Support Services (includes, but not limited to)</b>	<b>PROVIDING AGENCY</b>
Early Start	Regional Center, Public Education
Early Intervention	Regional Center Vendored, Public Education
General Education	Public Education
Multi-Tiered System of Supports: Positive Behavioral Supports Approach Tier 1-3	Public Education
Continuum of Special Education Local Plan Area Program Options (see page 5 and 6)	Public Education
Parent Education	Regional Center Vendored
Educationally Related Mental Health Services (ERMHS) (AB 114)	Public Education

## **Specialty Mental Health Services**

<b>Support Services (includes, but not limited to)</b>	<b>PROVIDING AGENCY</b>
Mental Health Services	Mental Health Plans
Medication Support Services	Mental Health Plans
Day Treatment Intensive	Mental Health Plans
Day Rehabilitation	Mental Health Plans
Intensive Home-Based Services	Mental Health Plans
Intensive Care Coordination	Mental Health Plans
Targeted Case Management	Mental Health Plans
Therapeutic Behavioral Services	Mental Health Plans
Therapeutic Foster Care Services	Mental Health Plans
Crisis Intervention	Mental Health Plans
Crisis Stabilization	Mental Health Plans
Systemic, Therapeutic, Assessment, Resources, and Treatment (San Andreas Regional Center and San Diego Regional Center)	Regional Center Vendored
Regional Center Vendored Crisis Services	Regional Center Vendored
Crisis Assessment Stabilization Team	DDS State Operated
Crisis Residential Treatment	Mental Health Plans
Psychiatric Health Facility	Mental Health Plans
Psychiatric Inpatient Hospital	Mental Health Plans

## **Medi-Cal Substance Use Disorder Services – Drug Medi-Cal Organized Delivery System (DMC-ODS) Services**

<b>Support Services (includes, but not limited to)</b>	<b>PROVIDING AGENCY</b>
Outpatient Treatment Services	Drug Medi-Cal Organized Delivery System County
Intensive Outpatient Treatment Services	Drug Medi-Cal Organized Delivery System County
Narcotic Treatment Programs	Drug Medi-Cal Organized Delivery System County
Residential Treatment Services	Drug Medi-Cal Organized Delivery System County
Withdrawal Management	Drug Medi-Cal Organized Delivery System County

<b>Support Services (includes, but not limited to)</b>	<b>PROVIDING AGENCY</b>
Recovery Support Services	Drug Medi-Cal Organized Delivery System County
Case Management	Drug Medi-Cal Organized Delivery System County
Physician Consultation	Drug Medi-Cal Organized Delivery System County
Partial Hospitalization	Drug Medi-Cal Organized Delivery System County
Additional Medication Assisted Treatment (optional service in DMC-ODS counties)	Drug Medi-Cal Organized Delivery System County

### ***Substance Use Disorder –Drug Medi-Cal State Plan Services***

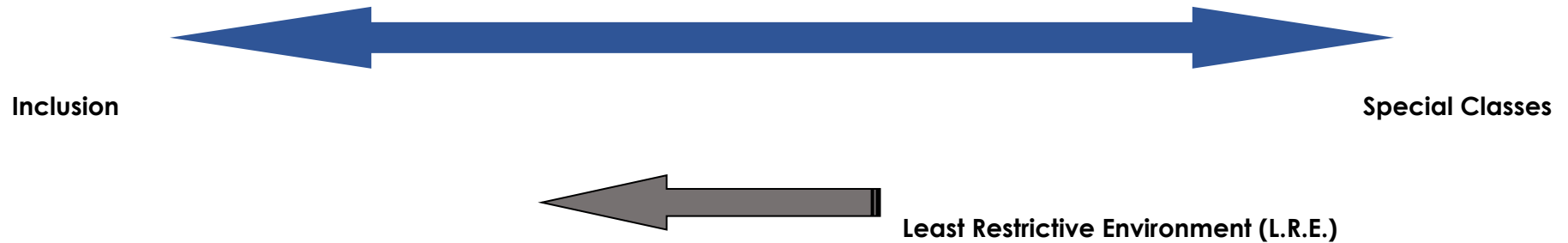
<b>Substance Use Disorder –Drug Medi-Cal State Plan Services</b>	
Outpatient Treatment Services	Drug Medi-Cal State Plan County
Intensive Outpatient Treatment Services	Drug Medi-Cal State Plan County
Narcotic Treatment Programs	Drug Medi-Cal State Plan County
Inpatient Hospital Detoxification Services	Drug Medi-Cal State Plan County
Youth Residential SUD Treatment	Drug Medi-Cal State Plan County
Perinatal Residential Substance Use Disorder Services	Drug Medi-Cal State Plan County



## Continuum of Programmatic Options for Special Education (Table D)

### Environment for Services

This chart provides a graphic representation of an IDEA-based continuum of potential service environments to ensure that all students have access to a free and appropriate public education in the least restrictive environment (LRE).



<b>Basic Description</b>	<ul style="list-style-type: none"> <li>• Regular education classes</li> <li>• Academic and social support services available to all students</li> </ul>	<ul style="list-style-type: none"> <li>• Regular education classes</li> <li>• Additional services provided to students as required by their IEPs</li> </ul>	<ul style="list-style-type: none"> <li>• Special classes serving students with disabilities</li> <li>• Additional services provided to students as required by their IEPs</li> <li>• Separate settings</li> <li>• Nonpublic, nonsectarian school</li> </ul>
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• Academic instruction based on state standards for the appropriate grade level and/or subject area</li> <li>• Academic and Social Counseling</li> <li>• School-wide Behavior Interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Academic instruction based on state standards for the appropriate grade level and/or subject area</li> <li>• Academic and social counseling</li> <li>• Behavior intervention supports, behavior intervention plans</li> </ul>	<ul style="list-style-type: none"> <li>• Specially designed instruction</li> <li>• Special supports and services</li> <li>• Individualized for students based on IEP goals and student need</li> <li>• Behavior intervention supports, behavior intervention plans</li> <li>• Residential placement as needed</li> </ul>

	<ul style="list-style-type: none"> <li>• Additional Supports and Services for the general student population (e.g. tutoring, after-school programs)</li> </ul>	<ul style="list-style-type: none"> <li>• Special Supports and Services individualized for students based on IEP goals and services</li> </ul>	
<b>Delivery Environments</b>	<ul style="list-style-type: none"> <li>• Neighborhood schools</li> <li>• Regular education classrooms</li> <li>• Academic intervention classrooms</li> </ul>	<ul style="list-style-type: none"> <li>• Regular education classrooms</li> <li>• Regular education classrooms with support from SPED teacher or aide</li> <li>• Combination of regular and special education classrooms</li> <li>• Resource Specialist pull-out or in-class support</li> </ul>	<ul style="list-style-type: none"> <li>• Special classrooms on regular school campuses</li> <li>• Special education schools</li> <li>• Learning in non-classroom setting or by using telecommunication services</li> <li>• Nonpublic schools</li> <li>• State Special Schools</li> <li>• Home and Hospital Instruction</li> <li>• Residential Placement</li> </ul>

**Note:** Some considerations contained in this document are not based on requirements contained in federal regulations (IDEA) or state special education law. Insofar as Local Education Agencies (LEAs) choose to make decisions outside of the scope of federal and state special education law, they voluntarily choose to do so and thereby exceed federal and state regulatory requirements. Whenever possible, considerations contained in this document that are beyond the scope of special education law are identified through a footnote. Such considerations reflect information that has been gathered from the field. This guidance is intended to assist LEAs in determining the variety of placement options that are needed in the LEA's service array.

## Continuum of Care Competencies Shared by System of Care Partners (Table E)

SPECIALIZED AND GENERAL COMPETENCIES	
New Entries to Care (Engagement)	Trauma Focused Applied Behavior Analysis
Commercial Sexual Exploitation of Children	Permanency
Restorative Justice	Trauma Informed Engagement and De-Escalation
Specialized Permanency - Adolescents that have yet to obtain permanency through prolonged system involvement	Co-Occurring Medically Fragile/Intellectual/Developmental Disability/Trauma/Mental Illness/Substance Use Disorder
Juvenile Justice Involved Youth	Engagement for Care Refusal
Substance Use Disorder	Individualized Education Program Development
Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning - Sexual Orientation and Gender Identity Expression	Infant Mental Health/Mental Health for ages birth- 5 years (awareness of needs/appropriate referrals made and trained systems/clinicians to meet the needs)
Severe Assaultive/Aggression	Gang Involved
Deaf and Hard of Hearing	Cultural Humility
Self-Harm	Sex Offending Involved

## GLOSSARY OF TERMS

### Additional Medication Assisted Treatment

Consists of physician services that includes ordering, prescribing, administering, and monitoring of all medications for substance use disorders.

### Adoption Assistance Program

The Adoption Assistance Program (AAP) is an entitlement program to provide financial and medical coverage to facilitate the adoption of children who otherwise would remain in long-term foster care. The California State Legislature created the Adoption Assistance Program with the intent to provide the security and stability of a permanent home through adoption.

### Adult Family Home Agency (18+) (FHA)

Adult Family Home Agencies coordinate care for people living in homes that have been certified to provide care to non-related adults. The providers offer family-type care to the people living with them and care for only one or two adults at a time. The Adult Family Home Agency is responsible for developing, supporting and monitoring the homes, and they work with Regional Center Service Coordinators to make a good match between homes and residents.

### American Society of Addiction Medicine (ASAM) Levels of Care

The American Society for Addiction Medicine (ASAM) criteria are an industry-standard framework used by substance use disorder providers to conduct a multidimensional assessment to explore individual risks, needs, strengths and skills and determine the most appropriate course of substance use treatment within five broad levels of care that vary in intensity. DMC-ODS counties must use this framework with all beneficiaries that receive Medi-Cal funded SUD services; residential treatment facilities in California are required to use it as well.

### Assessment

An assessment that can clarify the nature of the disorder and determine the cognitive functioning associated with a disorder. It also allows the psychologist to understand the developmental progress of the disorder in order to predict future problems and come up with a successful treatment plan.

### Behavioral Assessment

An assessment method used in the field of psychology to observe, describe, explain, predict and sometimes correct behavior. Behavioral assessment can be useful in clinical and educational settings.

### **Behavioral Interventions [Including, [Applied Behavior Analysis \(ABA\)](#)]**

Services that provide a variety of health care professionals to address behavioral challenges in various settings. For some of these services the primary funding sources are Medi-Cal or private insurance.

### **Behavior Intervention Plan (BIP)**

A Behavior Intervention Plan (BIP) takes the observations made in a [Functional Behavioral Assessment](#) and turns them into a concrete plan of action for managing a student's behavior. A student's Individualized Education Program team creates these plans.

### **Biopsychosocial Assessment**

An assessment that gathers information about the major physical, psychological, and social issues of the individual. This approach is called holistic because it posits that separate issues are often related.

### **California Children's Services (CCS)**

CCS is a State program for children with certain diseases or health problems. This program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions. CCS will connect you with doctors and trained health care people who know how to care for your child with special health care needs.

### **Case Management (Drug Medi-Cal Organized Delivery System)**

Case management services are defined as a service that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

### **Child and Adolescent Needs and Services (CANS)**

The CANS is a multi-purpose tool that supports decision-making, including level of care and service planning, which allows for the monitoring and outcome of services. When used as part of the CFT process, as California is doing, the CANS helps guide conversations among CFT members about the well-being of children and youth, identify their strengths and needs, inform and support care coordination, aid in case planning activities, and inform decisions about placement.

### **Children's/Adults Community Crisis Homes (CCH)**

Community Crisis Home means a Children's or Adult Residential Facility certified by the Department of Developmental Services and licensed by The Department of Social Services that provides 24-hour nonmedical care to individuals with developmental disabilities receiving regional center services and in need of crisis intervention services under specified requirements.

### **Child and Family Team (CFT)**

This process is key to the success of the Continuum of Care Reform efforts and the well-being of children, youth, and families served by public agencies and their partners. It is based on the belief that children, youth, and families have the capacity to resolve their problems if given sufficient support and resources to help them do so.

### **Continuum of Care**

Refers to a system's depth and breadth of available services and supports.

### **Continuum of Care Reform (CCR)**

A comprehensive reform of placement and treatment options for foster children. CCR provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the goal of achieving permanency in a stable permanent family.

### **Crisis Assessment Stabilization Team (CAST)**

DDS State-operated mobile crisis service provided by the Crisis Assessment and Stabilization Team (CAST) which is housed at North and South STAR. The CAST is designed to provide partnerships, assessments, training and support to individuals continuing to experience crises after regional centers have exhausted all other available crisis services in their catchment areas and the individuals are at risk of having to move from their family home or out of home placement and admitted to a more restrictive setting.

### **Crisis Intervention Services**

An unplanned, expedited service, to or on behalf of a beneficiary to address a condition that requires more timely response than a regularly scheduled visit. Crisis intervention is an emergency response service enabling a beneficiary to cope with a crisis, while assisting the beneficiary in regaining their status as a functioning community member. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting.

### **Crisis Residential Treatment Services**

Services are therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program (short term--3 months or less) as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, improve, and/or preserve interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week and structured day and evening services are available all seven days.

### **Crisis Stabilization Services**

Is an unplanned, expedited service lasting less than 24 hours, to or on behalf of a beneficiary to address an urgent condition requiring immediate attention that cannot be adequately or safely addressed in a community setting. The goal of crisis stabilization is to avoid the need for inpatient services which, if the condition and symptoms are not treated, present an imminent threat to the beneficiary others, or substantially increase the risk of the beneficiary becoming gravely disabled.

### **Day Rehabilitation**

Day Rehabilitation is a structured program including rehabilitation, skill building groups, process groups, and adjudicative therapies which provides services to a distinct group of individuals. It may also include therapy, and other interventions. Day rehabilitation is intended to improve or restore personal independence and functioning necessary to live in the community or prevent deterioration of personal independence consistent with the principles of learning and development.

### **Day Treatment Intensive**

Day Treatment Intensive is a structured, multi-disciplinary program including community meetings, a therapeutic milieu, therapy, skill building groups, and adjunctive therapies, which provides services to a distinct group of individuals. It may also include rehabilitation, process groups and other interventions. Day treatment intensive is intended to provide an alternative to hospitalization, avoid placement in a more restrictive setting, or assist the beneficiary in living within a community setting. Services are available for at least three hours each day. The Day Treatment Intensive program is a program that lasts less than 24 hours each day.

### **Developmental Assessments to Determine Regional Center Eligibility**

Regional centers provide diagnosis and assessment of eligibility and help plan, access, coordinate and monitor the services and supports that are needed because of a developmental disability. There is no charge for the diagnosis and eligibility assessment.

### **DOR Student Services**

The Department of Rehabilitation engages with local educational agencies and high schools to provide DOR Student Services. DOR Student Services include: Job exploration counseling, work-based learning experiences, counseling on opportunities to enroll in transition or postsecondary educational programs, workplace readiness training (social skills and independent living), and instruction in self-advocacy. A student with a disability may also apply for the broader scope of Department of Rehabilitation vocational rehabilitation services.

### **Drug Medi-Cal Organized Delivery System (DMC-ODS)**

California's expanded continuum of care for substance use disorders within Medi-Cal is known as the Drug Medi-Cal Organized Delivery System, or DMC-ODS. The DMC-ODS is authorized under a Section 1115 Medicaid demonstration waiver and participation is optional for each county. As of September 2020, 37 counties were offering DMC-ODS services, covering more than 90 percent of the state's Medi-Cal population. Counties that do not participate in the DMC-ODS offer Medi-Cal coverage for SUD services through the state plan Drug Medi-Cal program.

### **Early Start**

The Department of Developmental Services (DDS) oversees the coordination and provision of services and supports for most Early Start infants and toddlers. The Early Start program (California Early Intervention Services Act [CEISA], Government Code, Title 14, Sections 95000-95029.5) is California's early intervention program for infants and toddlers ages zero to three with disabilities and their families. Early Start is a multiagency effort by the Department of Developmental Services, in collaboration with the California Department of Education. Early Start services are available statewide and are provided in a coordinated, family-centered system and may be accessed through regional centers and local educational agencies.

### **Enhanced Behavioral Supports Homes (EBSH)**

A facility certified by the State Department of Developmental Services (DDS) and licensed by CCLD as a group home that provides 24-hour non-medical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting. An enhanced behavioral supports home has a maximum capacity of four individuals.

### **Family Finding**

Family finding and engagement is a broad concept which encompasses not only the statutory requirements pertaining to identifying, locating and notify the relatives of child and youth in foster care, but also related efforts to foster life-long familial connections for children and youth in care. These additional efforts, which are meant to enhance the long-term well-being of children and youth in care, are an important component of California's Continuum of Care Reform. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections.

### **Foster Family Agency (FFA)**

A foster family agency is a public agency or private organization, organized and operated on a nonprofit basis that does any of the following: (A) Recruiting,



certifying, approving, providing training for, and providing professional support to, foster parents and Resource Families. (B) Coordinates with county placing agencies to find homes for foster children in need of care. (C) Provides services and supports to licensed or certified foster parents, county-approved Resource Families, and children. Additionally, [Foster Family Agencies](#) are residential options for children with developmental disabilities, that represent a collaborative effort between two service systems – developmental disabilities and social services/community care licensing. They are privately operated organizations licensed by the Community Care Licensing Division of the State Department of Social Services to care for children up to age 18 in certified foster family homes. FFAs are responsible for the recruitment, training and certification of families to provide alternative homes for children. FFAs monitor and provide oversight for the homes they have certified and have the authority to decertify homes when necessary. In addition, through the use of professional staff such as social workers, FFAs provide ongoing support to certified parent(s) and the children who live with them.

### **High Fidelity Wraparound**

Includes 10 principles to guide and keep practitioners headed in the right direction during the wraparound phases and process. Being principles-driven is a key difference between Wraparound care coordination and case management or intensive care coordination alone. Whenever barriers or struggles are experienced during the process asking, “Are all of the principles being followed?” may highlight where the struggle is originating.

### **Home and Hospital Instruction**

The Home and Hospital Instruction Program (*California Education Code Section [48206.3](#)*) serves students who incur a temporary disability, which makes attendance in the regular day classes or alternative education program impossible or inadvisable. The district in which the home or residential health facility is located is responsible for instructing and educating pupils who must be hospitalized or remain at home due to a temporary but extended illness or disability. There is no provision in statute that specifically addresses instructional content; however, the goal of home or hospital instruction should be maintenance of the pupil's former level of performance while recovering.

### **Independent Living Services (ILS)**

Independent Living Centers are non-residential private nonprofits that are run by and for people with disabilities to provide independent living services in support of equality for people with disabilities and the ability to live independently in the communities of their choice. Independent Living Centers serve people of all ages and are specifically mandated to serve youth with disabilities, who have separated from the K-12 system, in the transition to postsecondary life.

Independent living services include peer counseling, housing assistance, individual and systemic advocacy, information and referral, assistive technology services, independent living skills, transition to community-based housing and diversion from institutional housing.

### **Individuals with Disabilities Education Act (IDEA)**

A law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities.

### **Individual Family Service Plan (IFSP)**

Infants and toddlers ages zero to three, with or at risk of a developmental disability and/or delay may be found eligible for early intervention services through the Early Start program. Once an infant or toddler is determined to be eligible for services, an Individual Family Service Plan (IFSP) is developed with a multidisciplinary planning team, including the parents.

An IFSP is a written document or plan based on an assessment of the child's needs and the needs and concerns of the family. An IFSP will address the strengths, and needs of the infant or toddler, parental concerns, and early intervention services identified. Specifically the IFSP contains 1) information on the child's present level of development in five developmental domains; 2) outcomes for the child and family; 3) services the child and family will receive to help them achieve the outcomes; 4) timelines; and 5) steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services.

The federal Individuals with Disabilities Education Act (IDEA, 303.26) states that services are to be provided in the child's "natural environment." Therefore, services contained in the IFSP are often provided in the home and can include childcare settings, Early Head Start, preschools, or other community settings in which young children without disabilities are typically found.

### **Individual Program Plan (IPP)**

The Lanterman Developmental Disabilities Act (Lanterman Act) requires that a person who is found eligible for regional center services, have a person-centered Individual Program Plan (IPP). The IPP is a written plan and agreement between the consumer and the regional center, which assists persons with developmental disabilities and their families to build their capacities and capabilities. This planning effort is not a single event or meeting, but a series of

discussions or interactions among a team of people including the person with a developmental disability, their family (when appropriate), regional center representative(s) and others.

### **Individualized Education Program (IEP)**

"Individualized education program" means a written document described in Sections 56345 and 56345.1 for an individual with exceptional needs that is developed, reviewed, and revised in a meeting in accordance with Sections 300.320 to 300.328, inclusive, of Title 34 of the Code of Federal Regulations and this part. It also means "individualized family service plan" as described in Section 1436 of Title 20 of the United States Code if the individualized education program pertains to an individual with exceptional needs younger than three years of age.

### **Individualized Educational Program (IEP) Team**

Pursuant to Title 34 of the Code of Federal Regulations, section 300.321 the local educational agency must ensure that the IEP team for each child with a disability includes the parent of the child, not less than one regular education teacher (if the child is or may participate in general education), one special education teacher, LEA representative, an individual who can interpret the instructional implications of evaluation results, at the discretion of the parent or the LEA other individuals who have knowledge or special expertise regarding the child, and when appropriate the child with a disability.

### **Inpatient Hospital Detoxification Services**

Voluntary Inpatient Detoxification (VID) is a Medi-Cal covered benefit that is available to MCP members through the Medi-Cal fee-for-service (State Plan) Drug Medi-Cal (DMC) program. Members that meet medical necessity criteria may receive VID services in a general acute care hospital. The VID provider facility must not be a Chemical Dependency Treatment Facility or an Institution for Mental Disease. The VID service provider must submit a Treatment Authorization Request (TAR) to local Medi-Cal field offices for authorization. MCPs must provide care coordination with the VID service provider as needed. Documentation that is submitted with the TAR should verify that admission criteria as outlined above are met as well as demonstrate the medical necessity for the inpatient stay. Medical criteria for inpatient admission for VID must meet specified criteria as defined in DHCS All Plan Letter (APL) 18-001.

### **Intensive Care Coordination (ICC)**

Intensive Care Coordination is a targeted case management service that facilitates assessment of, care planning for and coordination of services to beneficiaries under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC service

components include: assessing; service planning and implementation; monitoring and adapting; and transition.

### **Intensive Home-Based Services (IHBS)**

IHBS are individualized, strength-based interventions designed to change or ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community, and improving the child/youth's family's ability to help the child/youth successfully function in the home and community. IHBS services are provided according to an individualized treatment plan developed in accordance with the ICPM by the CFT in coordination with the family's overall service plan, which may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral. IHBS is provided to beneficiaries under 21 who are eligible for full scope Medi-Cal services and who meet medical necessity criteria for this service.

### **Intensive Services Foster Homes (ISFC)**

The ISFC program was created to provide supports to children and youth who require intensive treatment, including treatment for behavioral and specialized health care needs. Specifically, the ISFC program is intended to stabilize young people in foster care with the services they need in family settings and reduce placement in congregate care and residential programs.

### **Kinship Guardianship Assistance Payment Program (Kin-GAP)**

Kin-GAP program was established to promote permanency for foster children living with an approved relative caregiver by offering guardianship through the juvenile court when dependency is dismissed.

### **Local Education Agency (LEA)**

A public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for a combination of school districts or counties that is recognized in a State as an administrative agency for its public elementary schools or secondary schools.

### **Least Restrictive Environment (LRE)**

In special education LRE means; to the maximum extent appropriate, individuals with exceptional needs, including children in public or private institutions or other care facilities, are educated with children who are nondisabled. Special classes, separate schooling, or other removal of individuals with exceptional needs from the regular educational environment occurs only if the nature or severity of the

disability is such that education in the regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

### **Mental Health Services**

Mental Health Services are individual, group or family-based interventions that are designed to provide reduction of the beneficiary's mental or emotional disability, restoration, improvement and/or preservation of individual and community functioning, and continued ability to remain in the community consistent with the goals of recovery, resiliency, learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Mental health services may be provided face-to-face, by telephone or by telemedicine with the beneficiary or significant support person(s) and may be provided anywhere in the community.

### **Multi-Tiered System of Support (MTSS)**

In California, MTSS is an integrated, comprehensive framework that focuses on Common Core State Standards, core instruction, differentiated learning, student-centered learning, individualized student needs, and the alignment of systems necessary for all students' academic, behavioral, and social success. California has a long history of providing numerous systems of support. These include the interventions within the RtI<sup>2</sup> processes, supports for Special Education, Title I, Title III, and support services for English Learners, American-Indian students, and those in gifted and talented programs. MTSS offers the potential to create needed systematic change through intentional design and redesign of services and supports that quickly identify and match the needs of all students.

### **Narcotic Treatment Programs**

Provide opioid medication assisted treatment to those persons addicted to opiates. NTPs also provide detoxification and/or maintenance treatment services which include medical evaluations and rehabilitative services to help the patient become and/or remain productive members of society.

### **Non-Public School (NPS)**

"Nonpublic, nonsectarian school" means a private, nonsectarian school that enrolls individuals with exceptional needs pursuant to an individualized education program and is certified by the department. It does not include an organization or agency that operates as a public agency or offers public service, including, but not limited to, a state or local agency, an affiliate of a state or local agency, including a private, nonprofit corporation established or operated by a state or local agency, or a public university or college. A

nonpublic, nonsectarian school also shall meet standards as prescribed by the Superintendent and board.

### **Non-Related Extended Family Member (NREFM)**

The law defines a Non-Related Extended Family Member (NREFM) as an adult who has an established familial or mentoring relationship with the child, such as a godparent, a teacher, or a neighbor.

### **Occupational Therapy (OT)**

Regional centers can provide therapies specific to consumers' specialized needs. These therapies may include: Counseling, Occupational Therapy, Physical Therapy, and Respiratory Therapy. [Occupational therapy](#) can also be provided to a student who has an Individualized Education Program as a related service.

### **Out-of-State Group Homes**

The Out-of-State group home provides residential care for the State's most difficult juvenile court wards and dependents whose needs cannot be met in a California licensed group home. Counties identify out of state facilities that provide unique programs for children not available in California. Licensing staff certify these out of state facilities and monitor the facilities for compliance with California laws and regulation. Out-of-state group homes are generally larger in size than six bed group homes typical of California. CDSS may only certify an Out-of-State group home that meets the same standards required in California. Community Care Licensing Division provides regular ongoing monitoring and inspection of the licensed Out-of-State group homes.

### **Paid Internship Program (PIP)**

The PIP is a program paid for by the Department of Developmental Services (DDS) to increase competitive integrated employment (CIE) for people with an intellectual and developmental disability (ID/DD). The PIP pays at least minimum wage to a person with ID/DD when the person gets an internship position at a job they want.

### **Parent/Peer Partner**

An individual with lived experience with the child welfare system or mental health system who function as a mentor/advocate to support other parents currently involved in the child welfare system.

### **Parent Training**

Services to train an individual with a developmental disability support system to support their developmental and behavioral needs.

### **Partial Hospitalization**

Services feature twenty or more hours of clinically intensive programming per week. Level 2.5 partial hospitalization programs typically have direct access to psychiatric, medical, and laboratory services, and are to meet the identified patient needs which require daily management but that can be appropriately addressed in a structured outpatient setting. Services consist of intake, individual and/or group counseling, patient education, family therapy, medication services, collateral services, crisis intervention, treatment planning, and discharge services. This service is claimed as a single unit per day.

### **Perinatal Residential Substance Use Disorder Services**

Covered services as well as mother/child habilitative and rehabilitative services; services access (i.e., provision or arrangement of transportation to and from medically necessary treatment); education to reduce harmful effects of alcohol and drugs on the mother and fetus or infant; and coordination of ancillary services (Title 22, Section 51341.1(c) 4).

### **Person-Centered Planning**

Person-centered planning, is an approach to determining, planning for and working toward the preferred future of a person with developmental disabilities and her or his family. The preferred future is what the person and family want to do in the future based on their strengths, capabilities, preferences, lifestyle and cultural background. Person-centered planning is a framework for planning and making decisions. It is not a collection of methods or procedures. Person-centered planning is based on an awareness of, and sensitivity to, the lifestyle and cultural background of the consumer and family.

### **Physician Consultation**

Physician consultation services are designed to assist DMC physicians with seeking expert advice on designing treatment plans for specific DMC-ODS Waiver beneficiaries. The DMC-ODS County will contract with addiction medicine physicians, addiction psychiatrists, or clinical pharmacists as consultants. Physician consultation services can only be billed by and reimbursed to DMC providers. One unit of service is equal to a 15-minute increment. Claims may be submitted with either minutes or fractional units of service.

### **Positive Behavioral Interventions and Supports**

Positive Behavioral Interventions and Supports (PBIS) is an [evidence based three-tiered framework](#) to improve and integrate all of the data, systems, and practices affecting student outcomes every day.

### **Psychiatric Health Facility Services**

Psychiatric Health Facility Services are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care.

### **Psychiatric Inpatient Hospital Services**

Include both acute psychiatric inpatient hospital services and administrative day services. Acute psychiatric inpatient hospital services are provided to children/youth for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness.

### **Psychological & Educational assessment**

Psycho-educational assessment uses objective, standardized measures to determine the child's cognitive ability (i.e., intelligence), to evaluate their information processing skills (i.e., memory, attention, graphomotor coordination, processing speed, executive function, phonological processing, etc.) and academic skills. Certain tests will also aid in determining possible behavioral, social, emotional, and psychological diagnoses that could interfere with a child's education or relationships.

### **Regional Center**

Services and supports for Californians with developmental disabilities are offered through a statewide network of 21 contracted, private, nonprofit community agencies, known as regional centers, which develop, purchase, manage and coordinate local services and resources. Regional centers have offices throughout California to provide a local resource to help find and access the many services available to individuals and their families.

### **Regional Center Vendored Crisis Services**

Crisis support teams who can mobilize in the community when a consumer is in short-term behavioral crisis.

### **Regional Center Vendored Group Home**

A GH provides 24-hour non-medical care and supervision to children and nonminor dependents up to age 19, in a structured environment, with services provided by persons employed by the licensee. Children in a GH are in treatment programs under court jurisdiction or as dependent children removed from their homes because of abuse, neglect, or abandonment.

### **Related Services**

Related services mean, transportation and such developmental, corrective, and other supportive services as required to assist a child with a disability to benefit



from special education pursuant to Title 34 of the Code of Federal Regulations section 300.34.

### **Resource Family Approved Home (RFA)**

After January 1, 2017, individuals applying to provide care for a foster child will apply through the RFA process. By January 2019, all certified family homes must be converted to Resource Families. The RFA process will streamline and eliminate the duplication of existing processes, unify approval standards for all caregivers regardless of the child's case plan, include a comprehensive psychosocial assessment, home environment check and training for all families (including relatives), prepare families to better meet the needs of vulnerable children in the foster care system and allow a seamless transition to permanency.

### **Respite Out-of-Home**

Services that provide a break from the daily care needs of a consumer to their family or caregiver. This respite occurs outside of the family home.

### **Respite – In-Home**

Services provided in the family home that enable a caregiver or family member a break from the daily care needs of the consumer.

### **Section 504 Plan**

Section 504 plans are formal plans that schools develop to give kids with disabilities the support they need. That covers any condition that limits daily activities in a major way. These plans prevent discrimination. And they protect the rights of kids with disabilities in school. They're covered under **Section 504 of the Rehabilitation Act** of 1973.

### **Short-Term Residential Therapeutic Program (STRTP)**

A residential facility licensed by CCLD and operated by a public agency or private organization that provides short-term, specialized, and intensive therapeutic and 24-hour care and supervision to children. The care and supervision provided by an STRTP shall be non-medical, except as otherwise permitted by law.

### **Small Family Home**

A facility or home, that provides 24-hour care for six or fewer children who have mental health disabilities, or developmental, or physical disabilities and who require special care and supervision as a result of their disabilities. A small family home may accept children with special health care needs. In addition to accepting children with special health care needs, the department may approve placement of children without special health care needs, up to the licensed capacity.

### **Special Education**

As defined in California Education Code (EC) section 56031 "Special education," in accordance with Section 1401 (29) of Title 20 of the United States Code, means specially designed instruction, at no cost to the parent, to meet the unique needs of individuals with exceptional needs, including instruction conducted in the classroom, in the home, in hospitals and institutions, and other settings, and instruction in physical education.

### **Specialized Residential Facility (+18) (SRF)**

Licensed by the California Department of Social Services as an Adult Residential Facility and vendored by regional centers, these residential care settings provide 24-hour tailored and flexible care for individuals with developmental disabilities over the age of 18. For those whose needs cannot be appropriately met within the array of other community living options available, SRFs provide tailored services to meet medical, behavioral or the mobility needs of the individuals in the home.

### **Specialty Mental Health Assessment**

MHPs conduct assessments designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.

### **Stabilization Training Assistance Reintegration (STAR) Acute Crisis Homes**

STAR homes are licensed by the State of California, Department of Social Services (DSS) to provide 24-hour non-medical care with developmental disabilities receiving regional center services and who are in need of time-limited crisis stabilization services for up to 13 months. STAR services are provided based on an individualized Needs and Services Plan (NSP), which is developed through a team approach using a person-centered planning process that supports that supports the consumer's positive control and self-determination of their own lives. Depending on the supports identified in the NSP, services may include health care, education, work training, employment, self-help training, leisure activities, behavior management, and socialization skills development.

### **State Special Schools**

The State Special Schools provide a variety of direct services to individuals with special needs, their parents, and local educational agencies (LEAs) through programs it operates at the California Schools for the Deaf in Fremont and Riverside; and the California School for the Blind in Fremont.

### **Substance Use Disorder Intensive Outpatient Treatment Services**

Defined as (ASAM Level 2.1) structured programming services consisting primarily of counseling and education about addiction-related problems a minimum of nine (9) hours with a maximum of 19 hours per week for adults, and a minimum of six (6) hours with a maximum of 19 hours per week for adolescents. Services may be provided in any appropriate setting in the community. Services may be provided in-person, by telephone or by telehealth.

### **Substance Use Disorder Outpatient Treatment Services**

Defined as American Society of Addiction Medicine (ASAM) Level 1.0 outpatient service directed at stabilizing and rehabilitating persons up to nine hours of service per week for adults, and less than six hours per week for adolescents.

### **Substance Use Disorder Residential Treatment Services**

Defined as a non-institutional, 24-hour non-medical, short-term residential program of any size that provides rehabilitation services to beneficiaries. Each beneficiary shall live on the premises and shall be supported in their efforts to restore, maintain, and apply interpersonal and independent living skills, and access community support systems. Programs shall provide a range of activities and services. Residential treatment shall include 24-hour structure with available trained personnel, seven days a week, including a minimum of five (5) hours of clinical service a week to prepare beneficiary for outpatient treatment.

### **Supported Employment Services**

The Department of Rehabilitation partners with regional centers, behavioral health, and other agencies to provide employment and supportive services for youth with the most significant disabilities who require long-term support to learn and perform the job duties needed to retain competitive integrated employment.

### **Supported Living Services (18+) (SLS)**

Services provided to consumers who live on their own who need up to 24-hour support.

### **System of Care**

A comprehensive network of community-based services and supports organized to meet the needs of families who are involved with multiple child service agencies, such as child welfare, mental health, schools, juvenile justice, regional centers and health care. The goal is for families and youth to work in partnership with public and private organizations, ensuring supports are effective and built on the individual's strengths and needs. System of Care is not a service or a program – it is a way of working together with youth and families to achieve the desired outcomes identified by the youth and family.

System of Care is a service delivery approach that builds partnerships to create a broad, integrated process for meeting families' multiple needs.

## **Systemic, Therapeutic, Assessment, Resources, and Treatment (START)**

*(San Andreas Regional Center and San Diego Regional Center, four additional regional centers TBD)*

The Center for START Services at the University of New Hampshire Institute on Disability/UCED, provides a model of services meeting the crisis needs of individuals with intellectual/developmental disabilities (I/DD).

The local START teams provide:

- 24-hour case coordination to improve supports and service outcomes
- Whole-person assessment (I/DD, mental health, medical, access to services, personal strengths, satisfaction, etc.)
- Individualized map of individual's connections to others/systems
- Cross-system linkage (connecting I/DD providers, crisis teams, mental health providers, first responders, hospital/psych staff, etc.)
- Community education
- Family/staff/provider support and education (in-home therapeutic coaching)

## **Targeted Case Management**

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other community services.

## **Temporary Shelter Care Facility**

A temporary shelter care facility is a facility owned and operated by the county or on behalf of a county by a private, nonprofit agency that provides for 24-hour non-medical care for up to 10 calendar days, for children under 18 years of age who have been removed from their homes as a result of abuse or neglect. During the child's stay, the county is identifying and placing the child with a suitable family member or in an appropriate licensed or approved home or facility.

## **Therapeutic Behavioral Services**

Therapeutic Behavioral Services TBS are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances, are experiencing a stressful transition or life crisis, and need additional short-term, specific support services to accomplish outcomes specified in their written treatment plan.

## **Therapeutic Foster Care Services**

TFC is a short-term, intensive, highly coordinated, trauma-informed and individualized intervention, provided by a TFC parent to a child or youth who has complex emotional and behavioral needs. TFC is available as an Early and

Periodic Screening, Diagnosis and Treatment (EPSDT) benefit to children and youth, under the age of 21, who are Medi-Cal eligible and meet medical necessity criteria.

### **Transitional Housing Placement Program (THPP)**

A licensed provider who operates programs which include supportive housing and a wide range of supportive services to youth from 16 to 21 years of age, who are in or were formally in foster care on their 18<sup>th</sup> birthday. Supportive services shall include: counseling, educational guidance, employment counseling, job training and assistance reaching emancipation goals outlined in a participant's Transitional Independent Living Plan, the emancipation readiness portion of a youths' case plan.

### **Transitional Housing Placement + Foster Care Program (THP + FC)**

An independent living program that serves youth age 18 to 21 who are in foster care or who had been in foster care at age 18.

### **Vocational Rehabilitation Services**

A youth with a disability is eligible for Department of Rehabilitation vocational rehabilitation services based on the presence of a disability that results in an impediment to employment, and the youth desires and can benefit from Department of Rehabilitation vocational rehabilitation services to successfully achieve an employment outcome. Department of Rehabilitation services may include career assessment and counseling, job search and interview skills, independent living skills, career education and training and assistive technology.

### **Withdrawal Management**

Detoxification services provided in either an ambulatory or non-ambulatory setting consistent with the ASAM level of care criteria to DMC ODS beneficiaries.

### **Wraparound**

A comprehensive, holistic method of responding to children and youth who experience trauma, mental health, and/or behavioral health challenges. These children would otherwise be placed in high-level congregate care outside of their families and often away from their communities and other supports. Children and their families participate in collaborative Wraparound teams, designed to help meet family needs by using both formal and informal supports and resources, focusing on creating an environment where healing and growth can take place. The Wraparound approach has continued to evolve over time into a standardized set of practices, identified phases, principles and activities. California Department of Social Services (CDSS) believes the use of Wraparound prevents higher levels of care and offers long term, positive outcomes for children and families.

## RESOURCES AND MORE INFORMATION

The California Department of Social Services:

- [CDSS Information Resources Guide](#)
- [CDSS Continuum of Care Reform Website](#)
- [CDSS Program Rules \(Regulations, Letters and Notices\)](#)
- [Child and Family Teams \(CFT\)](#)
- [Child and Adolescent Needs and Strengths \(CANS\) Assessment Tool](#)

The Department of Developmental Services:

- [DDS Safety Net Website](#)
- [2020 Safety Net Plan](#)
- [Regional Center Services and Descriptions](#)
- [Early Start Babyline](#)

The California Department of Education:

- [Foster Youth Services](#)
- [Foster Youth Services Program Resources](#)
- [Foster Youth Education Rights](#)
- [Special Education Services and Resources](#)
- [Special Education Family Involvement and Practices](#)

The California Department of Rehabilitation:

- [Department of Rehabilitation Website](#)
- [Find a Department of Rehabilitation Office](#)
- [Student Services](#)
- [Independent Living Services](#)

The Department of Health Care Services:

- [Department of Health Care Services Website](#)