

Children and Youth System of Care State Technical Assistance Team

February 3, 2021

Part 5: Child and Family Teaming



Agenda

- ❖ Updates
- ❖ SOC TA Team Presentation
- ❖ Local County Presentation – San Diego
- ❖ Q&A

California Department of Social Services Updates

❖ FFPSA Overview in Context of SOC

*“...ensure that the systems partners' programs and policies reflect a coordinated, integrated and effective delivery of services for children, youth and families.”
(State 2083 Toolkit)*

CDSS Updates FFPSA Prevention Services (1)

- Interagency Leadership, and System of Care is an ideal vehicle for meaningful implementation of the Prevention Services Program
- Connective decision points that would benefit from System of Care planning and execution:
 - Identification of eligible population
 - Service array
 - Services infrastructure-which agency provides which service?

*“...ensure that the systems partners' programs and policies reflect a coordinated, integrated and effective delivery of services for children, youth and families.”
(State 2083 Toolkit)*

CDSS Updates FFPSA Prevention Services (2)

- System of Care MOU's are designed to support the interagency work that is needed to implement the prevention services program

System of Care Updates

- ❖ Responses to the Interagency Leadership Team Questionnaire were provided on December 11, 2020
- ❖ Respondents included child welfare, probation, mental/behavioral health, regional center and education
- ❖ Responses highlighted the need for additional information on:
 - ❖ Data and Information Sharing – Part 3 of the MOU
 - ❖ Resource & Fiscal Management – Part 9 of the MOU
 - ❖ Alignment of Coordination of Services – Part 7 of the MOU

What is AB 2083? (1)

The legislation calls for the following deliverables:

- ❖ MOU from local partners including child welfare, regional center, county office of education, probation, and county behavioral health
- ❖ State MOU Guidance
- ❖ Technical Assistance from State Interagency Resolution Team

What is AB 2083? (2)

- ❖ Analysis of Gaps in Placement Types, Services, or Other Issues
- ❖ Multi-year Plan for Increasing Capacity and Addressing Gaps
- ❖ <https://www.chhs.ca.gov/home/system-of-care/>

Context and Background

1. Teaming activities occur within the service delivery frameworks of all Children and Youth System of Care partners.
2. Aligned, connected and fluid teaming, planning and service delivery is the cornerstone of Children and Youth System of Care work.
3. Teaming and team meetings are not the same thing. Teaming is a process based in engagement, trust and listening.
4. Genuine teaming, and the trust it creates, is the single most important element of healing.

Five MOU Elements Supporting Teaming Activities

Part 3: Information and Data Sharing

Part 4: Screening, Assessment and Entry to Care

Part 5: Child and Family Teaming and Unified Service Planning

Part 6: Interagency Placement Committee

Part 7: Alignment and Coordination of Services

Teaming Occurs in all Service Sectors (1)

1. Public education - multidisciplinary teams are used to address academic and social emotional needs of students. (re. Student Study Teams, Section 504 teams, Individualized Education Teams, other teaming processes within public education)
2. Social Services - Multidisciplinary teams are used to create and implement care plans for youth in foster care. (Child and Family Teams, Multi-Disciplinary Teams; Safety Organized Practice)

Teaming Occurs in all Service Sectors (2)

3. Regional Centers – Individual Family Service Plan (IFSP), Individual Program Plan (IPP)
4. Behavioral Health/MHP – Child and Family teaming for many youth in intensive services, particular focus on Intensive Care Coordination, Intensive Home Based Services, Therapeutic Behavioral and Therapeutic Foster Care

MOU Guidance on Teaming

System partners provide a single, unified teaming process for all youth in care. In order to maximize planning and family engagement, a single Child and Family Team (CFT) process is used. Typically, the agency with legal jurisdiction will convene CFT meetings and document CFT outcomes.

The CFT meetings will be coordinated via appropriate placing agency or in conjunction with any other intensive mental health services provider. All parties should participate as required, on time, and in accordance with state mandate (AB 2083 MOU Guidance, pg. 19).

Some Guiding Questions (1)

- How will teaming processes provide support or be leveraged to better coordinate care or reduce the demand on youth and family for meetings?
- What are the current local barriers to implementing or participating in cross-agency teaming?
- Do system partners' staff understand the services and supports provided by, or available through each of the partner agencies?

Some Guiding Questions (2)

- How will teaming (in all its local forms) incorporate Wraparound, ICC, and IHBS services?
- How is the provider network, including natural supports, structured in your local Children and Youth System of Care?
- Are Wraparound, Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Behavioral Services (TBS) services used effectively to avoid unnecessary residential placement?

Local System of Care MOU Must Include

- A process for when youth/child/family team meetings should be convened, by whom, and how partner agencies can support the work of the team.
- Policies for cross-system planning and coordination to ensure that there is only one team process for any single family in care. (MOU Guidance, pg. 20)
- MOU design key question: How can CANS be a vehicle to support local teaming and assessment across all system partners?

Practices for Success (1)

- Successful CFTs (Team Engagements) include persons with natural supportive relationships, so that the family's support system will continue to exist after formal services are completed
- All team members will be present during the team meetings and help create the family case plan
- All team members will have a working knowledge of the CFT/Teaming meeting process
- AB 2083 MOU Guidance, Page 20

Practices for Success (2)

- Participate in the planning and development of services and supports for children and their families utilizing the ICPM and person-centered planning
- Invite regional center staff as appropriate to participate in the CFT
- AB 2083 MOU Guidance, Page 20

Practices for Success (3)

- Integrate services and supports into educational plans, as appropriate, that help promote and support the desired outcomes for the child and family resulting from the ICPM and CFT
- Collaborate from within the CFT, and partner agencies in all phases of the care planning
- AB 2083 MOU Guidance, Page 20

Practices for Success (4)

- Contribute specialized expertise and experience in identifying child and family needs that may, potentially and unintentionally, not be identified or addressed by other service delivery systems
- AB 2083 MOU Guidance, Page 20

Integrated Core Practice Model and Teaming in the MOU

- Teaming in the MOU translates leadership and policy to essential standards of practice.
- Reflects collaborative and integrated family services effectiveness for youth, and families involved with multiple organizations.

Key Elements



ICPM in the MOU: All Phases of Care Happen Within a Team Environment



MOU Leadership: ICPM Teaming Behaviors for Leaders (1)

- Cross Agency Teaming invites alignment, trust planning and problem solving within the ILT and other System Meetings.
- Model teaming by developing authentic partnerships/shared responsibility.

MOU Leadership: ICPM Teaming Behaviors for Leaders (2)

- Model inclusive decision-making and teaming at Unit/Department and Interagency meetings.
- Develop policies and processes that facilitate and promote teaming across divisions, across agencies and with external partners.

The Child Adolescent Needs and Strengths Planning Tool in System of Care MOU

- Teaming and planning based on CANS scores builds engagement with youth/family, and their supports, increasing accuracy and understanding of the family story, demonstrating respect, empathy, and acknowledgement of life experiences.
- CANS can gather information provided by each partner, including assessments, into a format that is understandable by all team members, and is tracked over time for shared monitoring of progress and the outcome of intervention strategies.

CANS: Enhancing and Supporting the CFT

Summarizes the Assessment Process



Integrates the Family's Story



Develops a Shared Vision



Supports Change Management



The **Child and Family Team (CFT)** is the vehicle for collaboration on assessment, case planning and placement decisions.

Teaming is Where System of Care Policy Shows Up in Practice!

| Public Education | Mental Health | Substance Use Disorders | Developmental Services | Physical Health | Child Welfare Services | Criminal Justice |
|--------------------------------------------------------------------------------------------------|---------------|-------------------------|------------------------|-----------------|------------------------|------------------|
| Policy/Leadership: Share joint authority, funding, decision-making and problem resolution | | | | | | |
| Management: Measure key outcomes for all children and families | | | | | | |
| Practice: Work together to address the full set of family needs | | | | | | |
| Community: Partner with families/consumers and their supports | | | | | | |

Children and Youth System of Care (MOU) Practice Implementation

Major implementation impacts are likely as CWS, Probation and Behavioral Health/MHP partners share implementation tools with all System of Care managers and leaders

- CFT/CANS Snapshot Tool
- CFT/CANS Implementation Planning Guide
- CFT/CANS Implementation Plan Template
- CFT/CANS Implementation Toolkit

Considerations for Effective Child and Family Teaming

1. Cross train all direct service staff in ICPM and Teaming.
2. Cross train to one another's service protocols and processes.
3. Explore development of a common Needs and Services Plan.
4. Adapt and leverage existing Child Welfare implementation practice tools (Tools in Slide 24).

Resources for Child and Family Teaming (1)

System of Care Tool Kit

<https://www.chhs.ca.gov/home/system-of-care/>

Foster Education Toolkit

<https://allianceforchildrensrights.org/resources/foster-youth-education-toolkit/>

CalSWEC

<https://calswec.berkeley.edu/cftcans-implementation-support-toolkit/implementation-planning-materials>

Resources for Child and Family Teaming (2)

CDSS Teaming Primers

<https://www.cdss.ca.gov/inforesources/the-integrated-core-practice-model/training-resources>

California Health and Human Services System of Care Webpage

<https://www.chhs.ca.gov/home/system-of-care/>

AB 2083 MOU Guidance Information Notice

<https://chhs-data-prod.s3.us-west-2.amazonaws.com/uploads/2020/02/AB-2083-MOU-Guidance-Information-Notice-Final.pdf>

Resources for Child and Family Teaming (3)

AB 2083 MOU Guidance

<https://chhs-data-prod.s3.us-west-2.amazonaws.com/uploads/2019/12/CHHS-Trauma-Informed-System-of-Care-MOU-Guidance-FINAL.pdf>

Resources for Child and Family Teaming (4)

Recommendations to the Legislature on Placement and Service Gaps

<https://chhs-data-prod.s3.us-west-2.amazonaws.com/uploads/2020/11/05073848/Identified-Placement-and-Service-Gaps-for-Children-and-Youth-in-Foster-Care-CHHS.pdf>



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES
CHILD WELFARE SERVICES

System of Care AB2083

*Partnership and Collaboration - CANS conversations in Child
and Family Team Meetings*

2-3-20





LIVE WELL SAN DIEGO

The County of San Diego's vision of a region that is
Building Better Health, **Living Safely** and **Thriving**

BUILDING BETTER HEALTH

Improving the health of residents and supporting healthy choices

LIVING SAFELY

Ensuring residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies

THRIVING

Cultivating opportunities for all people and communities to grow, connect and enjoy the highest quality of life



County of San Diego Health & Human Services Agency

- Child Welfare Services
- Behavioral Health Services

San Diego County Probation Department

San Diego County Office of Education (SDCOE)

Special Education Local Plan Area

PARTNERSHIPS (2)



Diego Regional Center

Tribal Nations

Voices for Children – Court Appointed Special Advocates (CASA)

San Diego Department of Rehabilitation - ***NEW***



EARLY EFFORTS AND OUTCOMES

Laying the Foundation for Teaming

Integrated Core Practice Model

Pathways to Well-being

Training and Cross-Training

Local and State Initiatives



EARLY EFFORTS AND OUTCOMES

Outcomes

Child and Family Teaming

CANS collaboration

CANS implementation, training, and support

INTEGRATED CORE PRACTICE MODEL (1)



LIVE WELL
SAN DIEGO

The Integrated Core Practice Model provides practical guidance and direction to support counties in the delivery of children, youth, non-minor dependent, and family focused services.

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

INTEGRATED CORE PRACTICE MODEL (2)



LIVE WELL
SAN DIEGO

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

More than 25% of youth will be served by a at least one additional county.

ICPM closes the gaps to access, coordination, information sharing and service delivery.



BHS, CWS and Probation in San Diego County have a joint contract to provide facilitation services via a contracted provider

We remain committed to these principles:

Teaming is the process of a group of people coming together who are committed to a common purpose, approach and performance goals for which they hold themselves mutually accountable. Teaming will be done through formal CFT meetings and informally via regular team member communication.

The CFT Meeting is a facilitated meeting process designed to **produce a transparent plan** for safety, placement, and services tailored to the individual needs of the child and family.



When to hold a CFT

CFT's are held for several reasons as outlined on our referral form including:

Safety Factors/Risk of Removal

Probation Pre-Disposition

Initial Placement

CANS/Case Planning

PWB – Enhanced Services

Mental Health Treatment Needs

STRTP Placement Review



When to hold a CFT

End of Voluntary Services Out of Home Case Plan

Transition Discussions

Compliance with probation conditions

Team member request for Child and Family Team Meeting

Status Review/Case Plan Review

Permanency Planning (including Adoptions Finalization)

Other: (Visitation (parent/sibling/post adoption), new team members, etc.



The Child and Family Team:

Child/Youth/NMD

Family

Tribal Partners

Professionals

Skilled & Trained

Facilitator

Natural Supports

Community Supports

How to get the right people at the
CFT Meeting?

Team meetings are critical
opportunities to partner and come
together to best support the
children and families we serve.

“No wrong door” approach

CFT REFERRAL FORM



Child and Family Team Meeting Referral Form

BH3 Provider - Fax to (619) 435-2949 AGENCY INVOLVED/EMERGENCY (Other than BH3)
 Probation/CWS - Email to CFTReferrals@liveitwell.org CWS BH3 Provider Probation

Name of Person Making Referral: Sandy Duchonnet Referring Agency Name: CWS
 Date of Referral: 3/28/2019 Date of Meeting: 4/12/2019
 Preference for meeting date: #1: 4/2 #2: 4/30 Time: 10am or 1pm

Part A: To be completed by referring P/BWPO/BH3 Provider

P/BWPO Name: Sandy Duchonnet P/BWPO desk and cell #: 619-587-3138
 P/BWPO Email: Sandy.Duchonnet@liveitwell.org P/BWPO desk #: 619-587-3138
 BH3 Provider/Program Name: Mt. Presidio BH3 Provider Contact Phone: 619-575-5432
 CWS Program: CWS Region: Central
 CWS 19-04pt Case#/Alerts #: 0234-5075-9501-1121134 7-Digit State ID #: _____ MVCT
 Probation Region: San Diego Probation Case #: _____

Family's Primary Language: English
 Family Considerations: Child abuse history, child protective involvement and out of state travel, chronic medical, behavioral concerns, low literacy, language, intergenerational, alcohol, marijuana, gender identity, depression, and/or domestic violence of a grandparent in five generations a grandchild, minor spouse status - ICWA issues

Part B: To be completed for all referrals

Reason for Referral. Check all that apply.

- At Risk of Removal
- Probation Pre-Disposition
- Initial Placement (Probation Post-Disposition)
- CMSB (Case Plan Disposition)
- Change of Placement
- Pathways in Trial Being - Eligible for Enhanced Services Yes No
- Mental Health Treatment Needs
- CWS/PROBATION Placement Review (every 90 days)
- End of Voluntary Care of Home Care Plan
- Family Maintenance/Involuntary case planning/learning
- Compliance with probation conditions
- Team member request for CMSB and Family Team Meeting
- Status Review/Case Plan Review and Update/Performance Planning (including finalization)
- Other (Please specify: post-adoption sibling contact agreement, violation, new team members, progress review)

CFT is Not needed? Yes No
 Current case status and desired meeting outcomes/goals: My 16-year-old daughter, Lady Gail, Lady, and her siblings, were under medical services, etc. Lady has been exhibiting aggressive behaviors towards peers. Defiant in school. Possible explanation: wanting to discuss services that will support Lady in her times of anger.

Focal Children:

| Name | Date of Birth | Caregiver Name / Address | Caregiver Phone |
|-----------------------|-----------------|----------------------------------------------|---------------------|
| 1. <u>Henry, John</u> | <u>10/19/07</u> | <u>1616 Street, 0243, Eugene, Ore. 97401</u> | <u>503-685-0900</u> |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

Parent/Guardian:

| Name | Ethnicity | Relationship To | Phone Number |
|-------------------------------|-----------|-----------------|--------------|
| 1. <u>Parvathi Matharaman</u> | _____ | <u>Child</u> | _____ |
| 2. _____ | _____ | <u>Child</u> | _____ |
| 3. _____ | _____ | <u>Child</u> | _____ |
| 4. _____ | _____ | <u>Child</u> | _____ |

SS-444 (08/2015) Page 1 of 2 County of San Diego/HDSP/PS

Child and Family Team Meeting Referral Form

Alerts that must be reviewed prior to scheduling a CFT meeting. If you to any of the following items, facilitator must clear the alert with the P/BWPO before inviting to CFT meeting.

- History of Violent Behavior (Specify): Suspended for behaviors at school
- History or current use of alcohol/substances (Specify): _____
- Behavior Health Concerns (Specify): _____
- Domestic Violence: _____
- Current Restraining Order (between which parties?): _____
- Alleged Perpetrator of Sexual Abuse (Specify): _____

Please list all other required team members and other potential participants to be invited:

| Name/Agency | Relationship to Child(ren) | Phone Number | Required by (P/BWPO/BH3 Provider, Family, Youth) |
|----------------|------------------------------------------------|--------------|--------------------------------------------------|
| Johnny Castro | FRATERNITY Staff | | |
| Eugene Flanzak | Mental Health Treatment Provider for the Youth | 958-555-8555 | |
| Miss Lynch | CWS Pathways Case Coordinator | 619-408-2323 | |
| | DEEP Specialist (D System) | | |
| | Educator Representative | 958-777-2424 | |
| | Probation Officer | | |
| | CASA | | |
| | Tribal Representative | | |
| | Additional Service Provider | | |
| | Additional Service Provider | | |
| Kankake | Additional Support | | |
| Sonny Lohoff | Additional Support | | |

Reminder: Other than required members, youth/family drive team membership. Facilitator will talk with youth/family and P/BWPO about required team members before inviting any other formal or informal supports. Please list all other parties to be invited.

| Name/Agency | Relationship to Child(ren) | Phone Number/Email | Required by (Priority, court order, etc.) |
|-------------|----------------------------|--------------------|-------------------------------------------|
| | Mirra's Counsel | | CWS Policy |

SS-444 (08/2015) Page 2 of 2 County of San Diego/HDSP/PS



Formal and Natural Supports

Agenda items- needs based

Cultural & Safety considerations

System and Partner providers- Therapists, CASA's, DSEP,

Regional Center, Educational Representatives, Tribal

Representatives



Formal and Natural Supports

Natural supports

Preferred modality for CFT

CFT State Brochures

Revisit Team at each CFT Meeting: who else needs to be here?

Service alignment and coordination

CWS Case Plan, BHS Client Plan, other Service Provider Plans



Virtual CFTs Conversations

Increased attendance at CFT meetings by multiple parties

More participation overall (team members speak up more)

Ease of scheduling, including of formal and informal supports



Virtual CFTs Conversations

- Facilitators have more authority over upholding group agreements i.e. can mute an attendee, etc.
- Expanded the program's technological capabilities through CARES Act Funding – BHS supported Fred Finch in obtaining 18 ZOOM accounts; using creative fiscal solutions for child/family support
- Outcomes focused which allows for adaptation as needed



Transparent communication between the partners themselves and with the family is critical to ensuring successful outcomes

- CFT's: ACL 18-09, ACL 16-84, 18-23 and WIC codes 832(a), 16501, 832 support information sharing for the benefit of the client/family



- CANS: ACL 18-81 states County child welfare agencies and MHPs are jointly responsible for completion of the CANS and thus are expected to share completed CANS assessment information to avoid unnecessary duplication and over-assessment of children, youth, and NMDs.
- CANS Family Letter (BHS/CWS)



Sharing CANS = One CANS

DHCS CANS: California CANS 50

- Behavioral/Emotional Needs, Life Functioning, Risk Behaviors, Strengths, Cultural Factors and Caregiver Resources and Needs



Sharing CANS = One CANS

CDSS CANS: Integrated Practice-CANS

- Includes the items from the CA CANS 50 plus – Traumatic/ Adverse Childhood Experiences and Early Childhood Domain (for birth through age 5)
- Use of CANS over time allows for the monitoring of outcomes and services



CANS as the Mental Health Screening

- As outlined in ACL 15-11, every child, youth, and NMD with an open child welfare case must be screened for possible mental health needs at intake and at least annually thereafter. If a child, youth, or NMD's screen is positive, he or she must be referred to a mental health services agency for a full, clinical mental health assessment.



CANS as the Mental Health Screening

- Per ACL 18-81, the CANS tool may function as the required mental health screen for children, youth, and NMDs. A rating of “1,” “2,” or “3” on any one of the items in the Child Behavioral/Emotional Needs domain requires a referral to the MHP for a full, clinical mental health assessment. A CFT meeting to discuss the results of the CANS should also occur to support case planning and service coordination.



San Diego Policy – CANS and MH screening

- For the Behavioral/Emotional Needs Domain (6-21) or Challenges Domain (0-6) , if the child's ratings for these 9 items are:
 - All 0's – no referral for mental health services is made
 - At least one 1, 2 or 3 – CFT Action Item to refer for Mental Health Services



San Diego Policy – CANS and MH screening

- Most children will be referred to individual trauma-focused therapy
- Children who score a 3 will be assessed for more intensive services including Wraparound. Safety concerns will always be addressed immediately



San Diego Policy – CANS and MH screening

- A child can be referred to therapy for other reasons as appropriate (conjoint, etc)
- The Social Worker attaches the CWS CANS to the referral form to inform the provider as part of their assessment; if changes are made they notify the SW



Parent / child – CFT Action steps

- All ratings of 2 or 3 will be addressed via the CFT Action Plan and potentially in the case plan
 - Example: Sleep issue
- For Parents, if the item is related to the protective issue, it will become part of the case plan
 - Example: Mental Health Service (Individual), Substance Abuse



Parent / child – CFT Action steps

- Benefit: Increased engagement in case plan services
- For the child, the court will be informed of CFT Action Plans to address child's needs, if those are case plan services they will also be included in the case plan
- In San Diego, we attached CWS CANS to our court reports



Year 2 - supporting CANS implementation

- Leveraging CANS data to develop system tools/resources
 - CANS Assessment Summary with Definitions
 - Graphic report – aligns CANS data to Social Determinants of Health/ LWSD Areas of Influence to measure improvement at system level



Year 2 - supporting CANS implementation

- Helps integrate / guide needed services / interventions
- Crosswalk ACES to CANS
- Strengths mapping in Client Plan



CANS RESULTS SHARED WITH FAMILIES AND CFT

- Assessment summary
- CANS definition list



CANS TOOL LINKAGE TO ACES SCREENING

- A crosswalk was developed for clinicians to reference and to heighten awareness on the CANS trauma module assisting with identifying ACES for clients.



SOCIAL DETERMINANTS OF HEALTH MAPPED TO CANS ITEMS

- BHS established a system to measure improvement of Social determinants of health.
- Used the County BHS Children, Youth and Families framework which consists of Live Well San Diego Areas of Influence to create foundational mapping.
- BHS mapped CANS items with the Areas of Influence that would best measure progress made through the child/youths' treatment episode



CANS TO CLIENT PLAN STRENGTHS CROSSWALK

| CANS Category | Cerner Applied Strength for Client Plan | |
|----------------------|------------------------------------------------------------------------------------------|------------------------------------------------------|
| Family Strengths | Stable family life Stable environment Positive relationship with sibling | Support system Positive relationship with parents |
| Interpersonal | Considerate Empathy/caring Ability to form and maintain relationships | Loyal Support system |
| Educational Setting | Academic history Support system | Stable environment |
| Talents/Interests | Athletic Creative Wants to work | Positive identity Artistic |
| Spiritual/ Religious | Faith/spirituality Support system | Prayerful Religious |
| Cultural Identity | Strong cultural identity Positive self identity | Self-aware |
| Community Life | Religious Faith/spirituality | Athletic |
| Natural Supports | Support system (non family) Previous positive experience in treatment Work history | |
| Resiliency | Resourcefulness Responsible Capable | Open to change Self efficacy/mastery |



- CANS-CFT Part 1: <https://www.youtube.com/embed/p0gVGOIyhVU>
- CANS-CFT Part 2 <https://www.youtube.com/embed/jO9p9o8mNe0>
- CANS-CFT Part 3: <https://www.youtube.com/embed/Qu20NuLyCUg>
- CANS-CFT Part 4: <https://www.youtube.com/embed/I3soZ6SSLyE>
- CANS-CFT Part 5:
https://www.youtube.com/embed/UPHSV_uSQaU



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Top 2 San Diego Mottos:

Yes We CANS!

Viva La CANS!



Questions and Answers

State Level Technical Assistance Request Form



<https://www.surveymonkey.com/r/ZJNKLKY>

Children and Youth System of Care State Team Email



SystemofCare@DSS.CA.GOV

Calling for System of Care Presenters

- Recruitment and Training in Cross Agency Systems
- Information and Data Sharing Processes
- Coordination of Services (System partner collaboration for school stability and permeance)
- Fiscal Resource Sharing and Management

Addendum A

- Image has four colored boxes showing key elements of teaming
- The boxes are colored from left to right purple, orange, green and red. They state: Effective teaming and collaboration, strength based, voice and choice, driven and underlying needs.
- Under each box is a hand holding finger to show the numbers 1–4 from left to right

Addendum B (1)

- Five hexagonal shapes with diamond shapes in between showing that movement occurs between the shapes.

Addendum B (2)

The five hexagonal shapes show have images in each one from left to right these images are:

- Door – representing engagement and team preparation
- Outline of a family – representing assessment
- Gears – representing service planning
- Graph – representing monitoring and adapting
- Hands Shaking – representing transition

Addendum C (1)

- Image to show how the Child and Adolescent Needs and Strengths Assessment can enhance Child and Family Team Meetings
- The image is a red circle with four non-descript faces to the right of the circle
- Red circle has a text box that reads: The Child and Family Team (CFT) is the vehicle for collaboration on assessment, case planning and placement decisions

Addendum C (2)

Image of four faces to the right of the red circle that align to the following:

- Summarizes the Assessment Process
- Integrates the Family's Story
- Develops a Shared Vision
- Supports Change Management

Addendum D (1)

Includes an infographic seven blue columns and four yellow rows.

The seven blue columns include the following titles:

- Public Education
- Mental Health
- Substance Use Disorders
- Developmental Service
- Physical Health
- Child Welfare Services
- Criminal Justice

Addendum D (2)

The yellow rows include:

- Policy/Leadership: Share joint authority, funding and decision-making
- Management: Measure key outcomes for all children and families