

INTEGRATED CORE PRACTICE MODEL:

A BLUEPRINT FOR THE CHILD AND FAMILY TEAM

CYBH OUTPATIENT PROGRAM

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Revised 6-8-2021



INTRODUCTION

Background:

- 2011 settlement of a class action lawsuit (Katie A. vs. Douglas, previously Bonta) that mandates the provision of intensive in-home and community-based services for children who are in foster care or at imminent risk of removal from their families.
- Requires that the California Department of Social Services (CDSS) and the California Department of Health Care Services (CDHCS) provide comprehensive and integrated services to child welfare children to reduce overdependence on institutional and congregate care services, provide better access to mental health services and improve outcomes for this special needs population of children and youth.

INTRODUCTION (CONT.)

Who is Katie A. ?

- The plaintiff, Katie A., was a 14 year old Caucasian girl in 2002.
- She was removed from her home at age four and had been in foster care for 10 years.
- At age five, assessments of Katie A. indicated that she was a victim of trauma and needed intensive trauma treatment and supportive services for her caregiver.

INTRODUCTION (CONT.)

- She was moved through 37 different placements, including four group homes, 19 different stays at psychiatric hospitals, a two-year stay at Metropolitan State Hospital, and seven different stays at MacLaren Children's Center.
- Despite the recommendations from her previous assessments, she never received trauma treatment or other individualized outpatient mental health services.
- The Katie A subclass is now referred to as the **Pathways to Well-Being (PWB)** subclass.



THE INTEGRATED CORE PRACTICE MODEL (ICPM)

Definition¹: “ICPM is an articulation of the shared values, core components, and standards of practice expected from those serving children, youth, and families. It sets out specific expectations for practice behaviors for staff in direct service as well as those who serve in supervisory and leadership roles in child welfare, juvenile probation, and behavioral health as they work together in integrated teams to assure effective service delivery for children, youth, and families. Additionally, the ICPM promotes a set of values, principles, and practices that is meant to be shared by all who seek to support children, youth, and families including tribal partners, education, other health and human services agencies, or community partners.”

1. The California Integrated Core Practice Model for Children, Youth, and Families (2018)



THE INTEGRATED CORE PRACTICE MODEL (CONT.)

- It is not a program, it is a “model” that helps guide service providers on how to deliver services to children/youth and their families in a way that is comprehensive, coordinated, and integrated.
- The ICPM is an important shift in the way we view the needs of the child/youth and their families and how to help them achieve their goals toward well-being.
- It helps us move away from a “deficit-based” view of understanding the child or youth to a “strength-based” view.

VALUES AND PRINCIPLES²

- Children are first and foremost protected from abuse and neglect, and maintained safely in their own home.
- Services are needs driven, strength -based, and family focused from the first conversation with or about the family.
- Services are individualized and tailored to the strengths and needs of each child and family.
- Services are delivered through a multi -agency collaborative approach that is grounded in a strong community base.
- Parent/Family voice, choice, and preference are assured throughout the process.
- Services incorporate a blend of formal and informal resources designed to assist families with successful transitions that ensure long-term success.
- When faced with challenges or setbacks, the team continues working towards meeting the needs of the youth and family and towards achieving the team's goals.
- Services and supports are provided in the child and family's community.
- Children have permanency and stability in their living arrangements.
- The team ties the goals and strategies of the plan to observable or measurable indicators of success, monitors progress consistent with those indicators, and revises the CANS and service plan accordingly.

- Services are culturally competent and respectful of the

2. The California Integrated Core Practice Model for Children, Youth, and Families (2018)

TEAMING

Elements of Successful Teaming:

- Collaboration towards a common goal
- Team membership should include the child/family, social worker, and the mental health worker, as well as other invested parties
- Who joins the team is guided by the family's input
- When and where to meet are based on the needs and preferences of the family
- Meeting process is standardized
- Everyone contributes to the plan



THE CHILD AND FAMILY TEAM (CFT)

The CFT is central to the Integrated Core Practice Model:

“The CFT is a team of people – it is comprised of the youth and family and all of the ancillary individuals who are working with them toward their mental health goals and their successful transition out of the child welfare system.”

Important to differentiate between CFT and CFT Meeting:

- ✓ The CFT is a group of people working together to achieve the child and family’s vision for well being.
- ✓ The CFT Meeting is the vehicle by which team members communicate, plan, and coordinate the support services needed to realize the family’s vision.



CHILD AND FAMILY TEAM (CONT)

“We already do that.”

Yes, historically child welfare and mental health have worked together using various models of collaboration. Team Decision Making (TDMs), WRAP Team, Family Team meetings are some of the common formats for such collaborative efforts. However, the CFT goes beyond just having a meeting or working within a structure. It emphasizes a **teaming** process that values:

- Respecting each member’s unique contribution to the group
- Clear definition of roles
- A common goal or vision for the child and family
- Accountability
- Child and family voice
- Collaboration at all levels of the Child Welfare and Mental Health systems

Coordinating Multi-Disciplinary Work	Working in a Child and Family Team Environment
Each service provider develops his/her own goals and outcomes with the child and family, ideally making sure that they do not conflict with other service goals	Goals and outcomes are developed and shared by all team members
Each service provider develops his/her own service plan	A single, comprehensive service plan incorporates and drives individual service provider plans
Decision making is done by the service provider with the child and family and communicated to others working with the child and family	Decision making is done by the team
Each service provider informs the other of major changes	Major changes are discussed and agreed to by all team members
Communication is often in summary form	Communication is constant and on-going
Team meetings are generally used for members to inform or report on their work or for a specific limited purpose, such as a placement decision	Meetings are used to plan together, make joint decisions and monitor and evaluate all of the various team member's work
Each service provider is responsible only for the activities related to his or her own discipline	Not only are all team members working toward a common goal, but all team members have the additional responsibility of the group effort
Success is measured independently	Success is measured by how successful the team is in progressing toward their shared goals and outcomes



Child and Family Team (CFT)



THE PATHWAYS TO WELL-BEING (FORMERLY KATIE A.) MENTAL HEALTH REFERRAL

- ❑ The CYBH county/contract clinic will receive a faxed or [secure] email copy of the “Mental Health Referral Packet” from the HCA Pathways to Well-Being Coordinator.
- ❑ A special Pathways to Well-Being (PWB) Referral cover sheet will be used for all potential PWB referrals.
- ❑ Within 5 working days, the CYBH county/contract clinic will return the PWB Referral cover sheet to the HCA PWB Coordinator via fax (714-834-4595) or [secure] email with the assigned therapist’s name, phone number, email, assignment date, and appointment date.

PATHWAYS TO WELL-BEING REFERRAL FAX COVER



COUNTY OF ORANGE CONFIDENTIAL FAX COVER SHEET

PATHWAYS TO WELL-BEING REFERRAL

COUNTY OF ORANGE / HEALTH CARE AGENCY
CHILDREN & YOUTH BEHAVIORAL HEALTH
405 W. 5TH STREET, SUITE 590
SANTA ANA, CA 92701
TELEPHONE: (714) 834-5015
FAX: (714) 834-4595

DATE: _____

FROM: _____

TO: _____

FAX#: _____
PHONE#: _____

NUMBER OF PAGES INCLUDING COVER SHEET: _____

CLIENT: _____

DOB: _____

ASSIGNED THERAPIST: _____

PHONE #: _____ EMAIL: _____

DATE ASSIGNED: _____

APPOINTMENT DATE: _____

****PLEASE COMPLETE AND FAX THIS FORM BACK TO CYBH
CENTRAL WITHIN 5 WORKING DAYS**

PROCEDURES FOR INITIATING A CFT MEETING

Step 1: After receiving the Pathways to Well-Being mental health referral packet, the therapist determines medical necessity and then completes the Pathways to Well-Being/ Intensive Services (PWB/IS) Eligibility Assessment form.

*If eligible for **PWB/IS**, the therapist must update the **CARE PLAN** to authorize **ICC** and/or **IHBS** services.

Step 2: If there is an open child welfare case, **regardless of eligibility**, [secure] email (do not fax) a copy of the PWB/IS Eligibility Assessment form to the CFT Inbox at SSA:

CFSPathway2WellBeing@ssa.ocgov.com

PROCEDURES FOR INITIATING A PWB CFT MEETING

Step 3: If the youth is Pathways to Well-Being eligible, the therapist calls the social worker (SSW) to introduce self, provide availability, and coordinate the PWB CFT participants. If SSW is unknown, call (714)704-8875 (Index) or (714)704-8000 (Main).

Step 4: SSA social worker and the CFT Scheduler will work together to arrange the initial Pathways to Well-Being (PWB) CFT meeting.

PROCEDURES FOR INITIATING A CFT MEETING

Step 5: The therapist will assume the role of Intensive Care Coordinator (ICC) for the PWB CFT.

Step 6: The therapist, as the ICC Coordinator, will participate in all PWB CFT meetings with the child/family and the SSA social worker.

Step 7: The therapist, as the ICC Coordinator, will complete the “CFT Plan” at all PWB CFT meetings.

PROCEDURES FOR INITIATING A CFT MEETING

Please Note:

- The PWB/IS Eligibility Assessment form must be completed for **ALL** clients after medical necessity is established.
- If eligible for PWB/IS, the therapist must update the **CARE PLAN** to authorize **ICC** and/or **IHBS** services.
- For out-of-county PWB youth, the therapist contacts the assigned out-of-county social worker to coordinate services. **The PWB/IS Eligibility Assessment form does not need to be [secure] emailed to Orange County SSA.**
- If Wraparound is involved, the Wraparound Care Coordinator, will complete the “CFT Plan.”

Pathways to Well-Being/Intensive Services Eligibility Assessment Form (previous)



Children and Youth Behavioral Health

Pathways to Well-Being/Intensive Services Eligibility Assessment

(YES) ←-----Does the child/youth have an open child welfare case? -----→(NO)

Clinic/Agency Name: _____
 Address: _____
 Phone: _____

Client Name: _____
 DOB: _____
 MRN: _____

(Pathways to Well-Being Only)

1. Does the child have full-scope Medi-Cal? Y / N
2. Does the child have an open Child Welfare case? Y / N
3. Does the child meet medical necessity? Y / N
 (If yes, see Assessment/Annual Update ___/___/___, or Progress Note ___/___/___)
4. Is the child currently receiving or being considered for any of the following services?

Services/Placement	Receiving	Considered
Wrap/FSP Wrap		
TBS		
Specialized Care Rate		
Crisis Stabilization-CSU		
Other Intensive EPSDT		
RCL 10+ or FFA/ STRTP		
Psychiatric Hospital		

5. Has the child had three or more placements within 24 months due to behavioral needs? Y / N

**Children meet criteria for Pathways to Well-Being if. The answers to numbers 1, 2 and 3 are all: "Yes" AND -The child is in, or being considered for, any of the services in 4 OR the answer to 5 is "Yes"*

PATHWAYS TO WELL-BEING*

YES NO ---> **Provider Only; if "NO," complete right side of form.**

Was the child/youth opened/accepted for mental health services? Yes No

SSA Social Worker (if available) _____

This eligibility assessment was completed by:

- HCA Therapist HCA Contract Therapist
 CEGU Therapist CCPU Wrap/FSP Provider

Name _____ Phone _____

Signature _____ Date _____

F346-788 (Revised 11/19)

(Intensive Services Only)

1. Does the child have full-scope Medi-Cal? Y / N
2. Does the child meet medical necessity? Y / N
 (If yes, see Assessment/Annual Update ___/___/___, or Progress Note ___/___/___)
3. Is the child currently receiving or being considered for any of the following services/conditions?

Services/Placement	Receiving	Considered
Special Ed, SUD, or other Health & Human services		
Probation or other Legal Systems		
Wrap/FSP Wrap		
Specialized Care Rate		
Intensive SMHS (TBS, Crisis Stabilization, In-Home Crisis)		
RCL 10+ or FFA/ STRTP		
Psychiatric Hosp. and/or DC'd w/in 90 days		
2 or more psych. hosp. w/in 12 mos.		
2 or more placement changes for behavior w/in 24 mos.		
2 or more antipsychotic meds at same time over 3 mos.		
Age 0-5 w/ more than 1 MH DX OR more than 1 psychotropic meds		
Age 6-11 w/ more than 2 MH DX OR more than 2 psychotropic meds		
Age 12-17 w/ more than 3 MH DX OR more than 3 psychotropic meds		
2 or more ER visits due to mental health w/in 6 mos.		
Received SMHS AND homeless during prior 6 mos.		

**Children meet criteria for Intensive (ICC/HBS) Services if: The answers to numbers 1 and 2 are all: "Yes" AND the child is receiving/being considered for any in 3. (Note: the above criteria are guidelines only and should not to be used as absolutes).*

INTENSIVE SERVICES*

YES NO

Name _____ Phone _____

Signature _____ Date _____

Pathways to Well-Being/Intensive Services Eligibility Assessment form (current: 3/21)



Children and Youth Behavioral Health

Pathways to Well-Being/Intensive Services Eligibility Assessment

Client Name: _____ Program/Clinic Name: _____

DOB: _____ MRN: _____

1. Is the youth under the age of 21? Y / N
2. Does the youth have full scope Medi-Cal? Y / N
3. Does the youth meet medical necessity? Y / N
(If yes, see Assessment/Annual update ___/___/___ or Progress Note ___/___/___)

4. Is the youth currently RECEIVING or BEING CONSIDERED FOR any of the following?

SERVICES/PLACEMENTS	YES	SERVICES/PLACEMENTS	YES
Special Ed, SUD, or other Health & Human Services		Probation or other Legal Systems	
Therapeutic Behavioral Services (TBS)		Wraparound/Full Service Partnership (FSP)	
Specialized Care Rate		RCL 10+ or FFA/STRTP	
Psychiatric hosp. and/or DC'd w/in 90 days		2 or more psych. hosp. w/in 12 months	
2 or more ER visits due to mental health w/in 6 months		2 or more placement changes for behavior w/in 24 months	
2 or more antipsychotic meds at same time over 3 months		Age 0-5 w/ more than 1 MH DX OR more than 1 psychotropic meds	
Age 6-11 w/ more than 2 MH DX OR more than 2 psychotropic meds		Age 12-17 w/ more than 3 MH DX OR more than 3 psychotropic meds	
Received SMHS AND homeless during prior 6 months		Intensive SMHS (In-Home Crisis, Crisis Residential Program, etc.)	

Note: The above criteria are guidelines only and should not be used as absolutes.

(YES) ← Does the youth have an open Child Welfare case? → (NO)

<p>⊕+</p> <p>If 1, 2, & 3 are all YES, <u>and</u> the youth is receiving/being considered for any service(s) in 4, then the youth meets criteria for Pathways to Well-Being (PWB).</p> <p style="text-align: center;">PATHWAYS to WELL-BEING*</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Was the youth opened/accepted for mental health services? Y / N</p> <p>Regardless of eligibility, [secure] email this form to:</p> <ul style="list-style-type: none"> • CFSPathway2WellBeing@ssa.ocgov.com 	<p>If 1, 2, & 3 are all YES, <u>and</u> the youth is receiving/being considered for any service(s) in 4, then the youth meets criteria for Intensive Services (IS).</p> <p style="text-align: center;">INTENSIVE SERVICES*</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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* If eligible for PWB/IS, clinician must update the CARE PLAN to authorize ICC and/or IHBS services.

Staff Name: _____ Phone: _____

Signature: _____ Date: _____

CFT Plan (4 pages)



Initial Subsequent CFT meeting

COUNTY OF ORANGE CHILD AND FAMILY TEAM (CFT) PLAN

Date: _____	Time: _____	Location: _____
Facilitator: _____	Coordinator: _____	Language: _____
Child/Non-Minor Dependent (NMD) Name: _____	Child/NMD DOB: _____	Child's CWS 19 digit number: _____
DL Number: _____		
Other Associated Child(ren) and DOB(s): _____		
Parent/Guardian: _____	Caregiver: _____	
Social Worker: _____	Social Worker Phone: _____	
Deputy Probation Officer: _____	DPO Phone: _____	
Educational Liaison: _____	Liaison Phone: _____	

Mental Health Info (If Applicable)	
Provider Name: _____	Agency: _____
Address: _____	Phone Number: _____
Pathways to Well-Being (Katie A.) Eligibility Status: <input type="checkbox"/> Eligible <input type="checkbox"/> No Longer Eligible <input type="checkbox"/> Referred/Awaiting Assessment <input type="checkbox"/> Not Applicable	
Check all interventions that apply:	
<input type="checkbox"/> Intensive Care Coordination (ICC)	<input type="checkbox"/> Pathways to Well-Being Child and Family Team
<input type="checkbox"/> Intensive Home-Based Service (IHBS)	<input type="checkbox"/> Short Term Residential Therapeutic Program (STRTP)
<input type="checkbox"/> Therapeutic Foster Care (TFC)	<input type="checkbox"/> Other: _____
For children placed in out-of-home care: <input type="checkbox"/> Court Authorization obtained for the sharing of the child's mental health information with the parent(s)/guardian(s)	
Identified Goal (Permanency Plan) / Safety Plan/Family Vision: _____ _____	
Identified Placement Plan: _____ <input type="checkbox"/> If recommending step-up or down from a Short-Term Residential Therapeutic Program (STRTP) placement, complete and attach <i>Inter-Agency Placement Committee Referral for STRTP Placement (F063-25-807)</i> .	
Future Communication: Schedule next CFT meeting to occur no later than 180 days, prior to updating case plan. <u>Exception:</u> If child/NMD is receiving ICC/IHBS/TFC, schedule next CFT meeting to occur in 90 days or less.	

Select topic areas for CFT meeting		
<input type="checkbox"/> Safety/Risk	<input type="checkbox"/> Placement	<input type="checkbox"/> Family/Social Relationships
<input type="checkbox"/> Visitation/Trial Visit	<input type="checkbox"/> Emotional/Behavioral	<input type="checkbox"/> School/Educational
<input type="checkbox"/> Money Matters	<input type="checkbox"/> Housing/Living Environment	<input type="checkbox"/> Social Relationships
<input type="checkbox"/> Fun/Recreational	<input type="checkbox"/> Health/Medical	<input type="checkbox"/> Work/Vocational
<input type="checkbox"/> Cultural/Spiritual	<input type="checkbox"/> Presumptive Transfer _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Reunification Barriers/Permanency		

THIS FORM CONTAINS PERSONALLY IDENTIFIABLE INFORMATION (PII). DO NOT SAVE COMPLETED FORM TO ANY COMPUTER UNLESS ON A SECURE DRIVE ESTABLISHED FOR THE PURPOSE OF SAVING DOCUMENTS CONTAINING PII. IF SENDING THIS COMPLETED FORM VIA EMAIL OUTSIDE THE AGENCY, USE THE ESTABLISHED PROCEDURE FOR SECURE EMAILS.

CONDUCTING THE CHILD AND FAMILY TEAM MEETING

- The child/youth and family, social worker and mental health therapist/representative must all be present in order for the meeting to be counted as a “Pathways to Well-Being CFT Meeting.”
- The **CFT Facilitator**(SSA representative): This person is responsible for laying out the structure and clarifying the ground rules for the meeting. The facilitator helps the team navigate through the process of establishing goals and objectives for the family. The facilitator ensures that the voice of the child/youth and family is central to the CFT meeting and that their vision for well-being is made clear.

CONDUCTING THE CHILD AND FAMILY TEAM MEETING

- The **ICC Coordinator** (mental health representative):
Is responsible for working within the CFT to ensure that plans from any of the system partners are integrated to comprehensively address the identified goals and objectives and that the activities of all parties involved with services to the child/youth and/or family are coordinated to support and ensure successful and enduring change. The coordinator will typically be a mental health professional.



CONDUCTING THE CHILD AND FAMILY TEAM MEETING

- The CFT meeting will be standardized to include:
 - A clearly defined purpose, goal and agenda for each meeting
 - An agreed upon decision-making process
 - Identification of family strengths and needs
 - Specific action steps to be carried out by team members according to a timeline
 - A review of the CFT Plan



CONDUCTING THE CHILD AND FAMILY TEAM MEETING

- Everyone must be involved. All members of the CFT must contribute to the decision-making process and the development of goals/objectives. Each member is also responsible for, following through and reporting back on the tasks they have been assigned by the team.
- The mental health provider must contribute by offering his/her expertise in addressing the behavioral, emotional and psychological needs of the child/youth and family.



CONDUCTING THE CHILD AND FAMILY TEAM MEETING

- Reviewing and changing the CFT Plan is an ongoing process and should be done at each Child and Family Team meeting. Reviewing the plan should be done **no less frequent than every 90 days**.
- The child/youth and family must always participate in this review.
- Document any activities related to the review and adjustments to the CFT Plan.

CONDUCTING THE CHILD AND FAMILY TEAM MEETING

- Team members may communicate with one another and with the whole team in various ways:
 - ✓ Phone calls, conference calls, and/or emails (following confidentiality, HIPPA, PHI and Public Information standards).
 - ✓ Therapist will communicate regularly with CFT members and make sure team members have the information needed to make informed decisions.
 - ✓ Therapist and social worker will maintain regular/ongoing communication, sharing of information, and face to face discussions.

"Alone we can do so little, together we
can do so much." --*Helen Keller*

RESOURCES

- ❑ AQIS-CYBH SUPPORT: Pathways to Well-Being
<https://www.ochealthinfo.com/bhs/about/cys/support/pathways>
- ❑ Integrated Core Practice Model Guide:
https://www.dhcs.ca.gov/services/MH/Documents/Integrated_Core_Practice_Model_Guide.pdf
- ❑ Medi-Cal Manual for ICC, IHBS, and TFC:
https://www.dhcs.ca.gov/services/MH/Documents/Medi-Cal_Manual_Third_Edition.pdf
- ❑ CDSS Pathways to Well-Being Website:
<https://www.cdss.ca.gov/inforesources/Foster-Care/Pathways-to-Well-Being>

CONTACT INFORMATION

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