CALIFORNIA
CHILD WELFARE COUNCIL

California Child Welfare Council

BEHAVIORAL HEALTH COMMITTEE
Universal Array of Services Visioning Document

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Universal Array of Services for Child Welfare Involved Youth and Youth at Imminent Risk of Involvement

- Visioning document to reflect stakeholder voices
- Partially driven by return of out-of-state youth in December 2020
- Significant disparity in services available to children/ youth based on county
- Not currently sufficient funding in the behavioral health system to furnish this entire array

Envisioning an Equitable Future:

NEEDED COMPONENTS OF THE UNIVERSAL ARRAY OF SERVICES

- Prevention and Early Intervention
- Community-Based Supports
- Tiered Therapeutic Placement Options
- Crisis Services

Prevention and Early Intervention

- ## EARLY CHILDHOOD EDUCATION AND DEVELOPMENTAL SCREENINGS

  Goal: To provide universal preschool and early learning childcare programs to every child, enhancing school readiness and positioning early childhood education sites as hubs for referral to developmental screening and preventative behavioral health services.

- ## THERAPEUTIC PRESCHOOLS/ THERAPEUTIC PRESCHOOL CLASSROOMS

  Goal: To support preschool age students who benefit from school-based behavioral health services in access their education and prevent the need for more intensive or segregated special education services as they enter K-12.

- ## K-12 WHOLE SCHOOL APPROACHES

  Goal: To empower an entire school community with the skills and resources required to implement a multi-tiered system of academic, behavioral, and social-emotional supports with a focus on promoting a safe, healthy and inclusive climate and culture at each school that is responsive to the needs of <u>all</u> students and their families.

Prevention and Early Intervention

FAMILY RESOURCE CENTERS

- **Goal**: Family Resource Centers (FRCs) are community and/or school-based multi-service centers that offer culturally-relevant family support services and care navigation. FRCs increase parent engagement and knowledge of early childhood care, family linkage to public health resources, and school readiness for children. Together, the preventative services and interventions available from Family Resource Centers significantly decrease family entries into homelessness and child welfare involvement.

FAMILY SYSTEM THERAPIES TO PREVENT ADJUDICATION AND EXPEDITE REUNIFICATION

- **Goal**: Family system therapies and parent training models seek to improve caregiver-child relationships, reduce parental stress, and reduce future risk of abuse, neglect, or maltreatment. While family system therapies and parent training models can include a wide range of interventions, modalities, and treatment settings, they all seek to support and maintain stability among many family configurations, including child and biological parent, child and adoptive, foster, or kin caregiver.

Prevention and Early Intervention

DROP-IN CENTERS

- **Goal**: To provide accessible and affordable mental and physical health care services to youth ages 12-25 in a community-based setting, while targeting groups from historically marginalized communities including but not limited to homeless, LGBTQ, and Indigenous youth. The primary goals are to reduce suicide, suicidal ideation, and substance use disorders among youth; reduce youth homelessness; reduce unemployment through linkage to vocational training; and reduce school failure through linkage to educational support services.

FAMILY URGENT RESPONSE SYSTEM (FURS)

- **Goal**: To provide 24/7 trauma-informed support to current and former foster youth and their caregivers to address situations of instability that include, but are not limited to, mental health crises. FURS is intended to prevent placement disruption; preserve the relationship between the child or youth and their caregiver; provide a trauma-informed service alternative for families who previously resorted to calling 911 or law enforcement; reduce hospitalizations, law enforcement contacts, and placement in out-of-home facilities; promote healing as a family; improve retention of current resource caregivers, and promote stability for youth in foster care, including youth in extended foster care.

Prevention and Early Intervention

NONTRADITIONAL SUPPORTS

Goal: Children and youth who have experienced trauma can benefit from, and often express a strong desire for, nontraditional behavioral health supports that promote social and emotional well-being and resilience. Intended outcomes and goals vary given the diverse set of interventions in this category, but overarching goals include increasing protective factors, managing stress and building self-confidence, addressing social determinants of health that impact adolescent mental health, providing psychoeducation related to health and wellness, and increasing connectedness to peers and community.

FAMILY FINDING

Goal: Family finding can support children in foster care in forging caring relationships and achieving physical and legal permanency. Goals of family finding programs include increasing child/youth connectedness, increasing the number of children and youth with permanent legal placement with family members or caring adults in their lives, reducing the overall time spent in foster care, and reducing the number of children and youth in restrictive care settings.

Community-Based Supports

- ## OUTPATIENT AND INTENSIVE OUTPATIENT MENTAL HEALTH SERVICES

  Goal: To achieve strong permanency outcomes and meet the behavioral health needs of high-risk youth in their communities by providing an array of evidence-based and promising behavioral health services and, where necessary, case management and intensive case management.

- ## INTENSIVE HOME AND COMMUNITY-BASED SUPPORTS

  Goal: To provide individualized and intensive interventions that promote permanency and reduce risk of placement disruption. The name of these services varies largely by funding stream, but are best described as Wraparound. Intensive home- and community-based Wrap services are critical front-end and back-end supports to youth and families across the entire children's continuum of services, sustaining treatment gains made in any program.

- ## SUBSTANCE USE DISDORDER SERVICES

  Goal: To prevent the development of, and meet the care needs related to, Substance Use Disorders (SUDs) in children, youth and adolescents, across a range of developmentally appropriate interventions and acuity settings.

Tiered Therapeutic Placement Options

- ## THERAPEUITIC FOSTER CARE

  Goal: Therapeutic Foster Care (TFC) services are designed to provide home-based, unconditional, flexible, and individualized support for foster youth who struggle with persistent, complex challenges. TFC is an adjunct service designed to prevent step-up to and/or support step-down from more restrictive placements, as well as maintain placement stability.

- ## INTENSIVE SERVICES FOSTER CARE (ISFC)

  Goal: To support youth who present with emotional and behavioral health needs that exceed the capacity of traditional resource family homes, but who will benefit from a home-like care setting.

Tiered Therapeutic Placement Options

- ENHANCED INTENSIVE SERVICES FOSTER CARE (ISFC)

  Goal: To provide a more intensive tier of ISFC placement to allow for home-based care for youth with complex and challenging emotional and behavioral health needs. This service option is designed to serve 13 youth who are stepping down from residential treatment program or whose needs have exceeded the traditional resource family home or ISFC options available.

- ENHANCED ISFC WITH 24/7 STAFFING

  Goal: To support court-dependent youth experiencing acute behavioral and permanency needs to thrive and succeed in a highly-individualized program focused on stabilization, permanency planning, and building a strong network of natural supports. The primary goals of Enhanced ISFC with STRTP-Level staffing are to (1) decrease the use of psychiatric hospitalization and placement in locked settings for youth with acute behavioral health needs and (2) increase the number of family-like care settings designed to serve youth with intensive needs.

Tiered Therapeutic Placement Options

- SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAM (STRTP)

  Goal: To stabilize children, youth, and non-minor dependents in care for up to six months (and in unique cases, accommodate lengths of stay beyond six months). The goal of STRTPs is to support youth in stepping down to a less restrictive care setting.

Crisis Services

MOBILE RESPONSE TEAM (MRT) SERVICES

Goal: To provide 24/7 community- and home-based crisis response services to youth and families, as well as reduce unnecessary calls to law enforcement, visits to the emergency room, hospitalization, and/or placement disruptions. Crisis response through MRT ensures that the youth and family can stabilize, that they are linked with appropriate community services and supports, and that they can be served in the least restrictive, most nurturing setting possible.

CRISIS STABILIZATION UNITS

Goal: To provide short-term assessment and stabilization services to prevent more intensive intervention such as hospitalization or inpatient psychiatric treatment wherever possible; to link to community-based resources like MRT and outpatient treatment; and to effectively assess the best treatment option for youth who require longer-term stabilization services.

Crisis Services

PARTIAL HOSPITALIZATION PROGRAMS

Goal: To serve a small number of youth (e.g., up to ten at a time) who are transitioning from inpatient facilities, as well as those who are participating in other outpatient programs yet remain at significant risk of psychiatric hospitalization.

CHILDREN'S CRISIS RESIDENTIAL PROGRAMS

Goal: To provide a residential and therapeutic alternative to hospitalization for youth for a period of 10 to 15 days. The intended outcome of a crisis residential program is to decrease utilization of locked inpatient care for young people, including PHFs or hospitalization.

PSYCHIATRIC HEALTH FACILITIES

Goal: To provide hospital-level stabilization services for youth in a therapeutic and developmentally appropriate setting for up to 14 days.

Committee Co-Chair Leadership Transition

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