

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM: 3.15
(ID # 15704)

MEETING DATE:

Tuesday, October 26, 2021

FROM : PUBLIC SOCIAL SERVICES AND Riverside University Health System -Behavioral Health, and Riverside County Probation Department :

SUBJECT: DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS): Approve the Memorandum of Understanding DPSS-0002800 with multiple participating agencies for implementation of the Riverside County Interagency Child, Youth, and Family Services for four years through December 31, 2025; All Districts. [Total Cost \$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the Memorandum of Understanding DPSS-0002800 with multiple agencies to implement the Riverside County Interagency Child, Youth, and Family Services for four years through December 31, 2025; and authorize the Chair of the Board to sign the Memorandum of Understanding on behalf of the County; and
2. Authorize the Director of DPSS, as approved as to form by County Counsel to: sign amendments that exercise the options of the Memorandum of Understanding and make modifications to the Memorandum of Understanding that stay within the intent of the Memorandum of Understanding including adding participating agencies.

ACTION:Policy


Sayori Baldwin, DPSS Director 9/30/2021



Ronald L. Miller, Chief Probation Officer 9/30/2021


Matthew Chang, Director 10/4/2021

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, seconded by Supervisor Spiegel and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington and Perez
Nays: None
Absent: Hewitt
Date: October 26, 2021
xc: DPSS

Kecia R. Harper
Clerk of the Board
By: 
Deputy

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FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$0	\$0	\$0	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: Not Applicable			Budget Adjustment:	No
			For Fiscal Year:	20/21 - 24/25

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

California Assembly Bill (AB 2083) requires child welfare agencies to create an interagency services Memorandum of Understanding (MOU) that serves children and youth in foster care that have experienced severe trauma, as per California Chapter 815, Statutes of 2018, in order to implement a coordinated, integrated, and effective service delivery system. Additionally, it allows each county to implement an MOU that outlines the roles and responsibilities of the agencies, provides for sharing of information and data to further the best interests of children and families, and names the parties that should be included in the MOU.

Among other structures, the MOU includes an Interagency Executive Advisory Committee (IEAC) which will serve as an Interagency Policy making body, overseeing the AB 2083 activities and approving a strategic plan. Consistent with the Integrated Service Delivery initiative supported by the Board of Supervisors, AB 2083 provides legal authority to increase cross system coordination of services and collaboration between county agencies to enhance services delivered to residents of Riverside County. The IEAC consolidates interagency policy development with the leadership of multiple county departments.

DPSS is collaborating with Riverside County Probation, Riverside University Health System – Behavioral Health (RUHS-BH), Riverside County Office of Education (RCOE), Juvenile Court, Superior Court of California, Riverside County and the Inland Counties Regional Center (IRC), collectively known as “System Partners” to offer services as outlined in AB 2083. The System Partners have agreed to abide by Blanket Order No. 32 issued by the Superior Court of the State of California, County of Riverside, Juvenile, including any revisions or amendments. These agencies will work together to ensure children, youth and families involved with child welfare system or receiving foster care as dependents of the Juvenile Court (“Children’s System of Care”) receive timely, effective, collaborative services consistent with the Integrated Core Practice Model (ICPM) that allow them to thrive in safe, permanent living situations that meet their social, emotional, cultural and behavioral needs.

The ICPM uses the following Ten Guiding Practice Principles:

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

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

Impact on Residents and Businesses

The collaborative partnership will ensure effective evidence-based services in a comprehensive and culturally responsive manner. Children, youth and families will have improved access coordinated care at any entry point they contact within the System Partner network.

ATTACHMENT:

**Attachment A: Riverside County Interagency Child, Youth, and Family Services
MOU DPSS-0002800**



Gregory V. Priamos, Director County Counsel 10/13/2021

**County of Riverside Department of Public Social Services
Contracts Administration Unit
10281 Kidd Street
Riverside, CA 92503**

and

Riverside County
Riverside County Interagency Child, Youth and Family Services
Memorandum of Understanding



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Attachment I - List of System Partners

Attachment II – Draft, Superior Court of the State of California, County of Riverside, Juvenile Division, Blanket Order No. 32

Addendum A - California Core Practice Model

This Memorandum of Understanding (MOU), defining the collaboratively shared design, delivery and management of services to children, youth and families in Riverside County, is entered into by and between the following Parties ("System Partners"):

- a. Riverside County Department of Public Social Services, Children's Services Division (DPSS-CSD)
- b. Riverside County Probation Department (RCP)
- c. Riverside University Health System - Behavioral Health (RUHS-BH)
- d. Inland Counties Regional Center, Inc. d/b/a Inland Regional Center (IRC), a California non-profit corporation
- e. Riverside County Office of Education (RCOE)
- f. Juvenile Court, Superior Court of California, Riverside County

Hereinafter, the System Partners may be referred to individually as a "Party", or collectively as the "Parties." This Memorandum of Understanding shall supersede any prior Memorandum of Understanding between the System Partners, regarding delivery of shared services to children, youth and families.

1. DEFINITIONS

- A. "AB 2083" refers to California Assembly Bill No. 2083, approved by the Governor on September 27, 2018, which aims to build on the Continuum of Care Reform (CCR) implementation effort by, among other things, developing a coordinated, timely, and trauma-informed, system-of-care approach for children and youth in foster care who have experienced severe trauma. The bill requires each county to develop and implement a memorandum of understanding, setting forth the roles and responsibilities of agencies and other entities that serve children and youth in foster care who have experienced severe trauma.
- B. "Blanket Order No. 32" refers to the Superior Court of the State of CA, County of Riverside, Juvenile Division document, outlining the release and exchange of confidential information among all parties to this MOU. All parties shall abide by the Court-ordered Blanket Order and any approved amendments or revisions.
- C. "CFT" refers to Child and Family Team.
- D. "CSD" refers to DPSS Children's Services Division.
- E. "CSOC" refers to Collaborative Systems of Care.
- F. "DPSS" and "COUNTY" refer to the County of Riverside and its Department of Public Social Services, which has administrative responsibility for this MOU. DPSS and COUNTY are used interchangeably in this MOU.
- G. "DPSS-CSD" refers to the Riverside County Department of Public Social Services, Children's Services Division.
- H. "ESSA" refers to Every Student Succeeds Act, which is a federal education act for K-12 schools that mandates educational equity for Foster Students and schools.
- I. "FFA" refers to Foster Family Agencies.

7/15/21

- J. "ICPM" refers to Integrated Core Practice Model.
- K. "IEAC" refers to Interagency Executive Advisory Committee.
- L. "ILT" refers to Interagency Leadership Team.
- M. "IPC" refers to Interagency Placement Committee.
- N. "IRC" refers to Inland Counties Regional Center, Inc. d/b/a Inland Regional Center
- O. "Katie A." refers to the settlement agreement that requires the Counties to make systemic improvements to better serve members of the class, and Federal Court that appoints the Katie A. Panel to monitor progress.
- P. "MOU" refers to the terms and conditions, schedules, and attachments included herein.
- Q. "RCOE" refers to Riverside County Office of Education
- R. "RCP" refers to the County of Riverside and its Probation Department.
- S. "RUHS-BH" refers to the County of Riverside and its Riverside University Health System – Behavioral Health
- T. "STRTP" refers to Short Term Residential Treatment Program.
- U. "System Partners" refers to the parties listed in Attachment I, individually and collectively, including their employees, agents, representatives, subcontractors, and suppliers.

2. VISION

Children, youth and families who are involved with child welfare, or are receiving foster care as dependents of the Riverside County Superior Court-Juvenile Division, while in DPSS-CSD protective custody ("Children's System of Care"), will receive timely, effective, collaborative services, consistent with the Integrated Core Practice Model (ICPM), which allow them to thrive in safe, permanent living situations and that meet their social, emotional, cultural and behavioral needs.

3. MISSION

The System Partners will design, implement and maintain an integrated, trauma-focused system, with a shared framework that is information-driven, innovative, and reflective of the ICPM. The system will deliver services in a comprehensive, culturally-responsive, evidence-based/best practice manner, regardless of which System Partner's door children and families enter. The System Partners will actively seek to include foster youths' experiences and voices into County-level collaborations and partnerships that manage or oversee the delivery of services affecting youth and families.

The System Partners recognize that utilizing the ICPM for the specific populations addressed in this MOU is the first step to serving all children and families with this model.

4. PURPOSE

This MOU seeks to ensure that the Systems Partners' programs, practices, and policies reflect a coordinated, integrated and effective delivery of services for children, youth, and families, throughout the public programs. County-level System Partners have been designated by the Riverside County Board of Supervisors to provide oversight and accountability for certain state and federally-funded programs and services, and to otherwise act as a coordinating council and planning body, related to the programs and services contained herein. The System Partners agree that consistent interdepartmental and interagency leadership is essential to successful planning and collaboration, on behalf of youth and families.

The goal of this MOU is to create an ongoing structure to address systemic barriers to providing interagency services. The System Partners intend to create a single service plan and maintain an administrative team with collaborative authority over the interrelated child welfare, juvenile justice, education, mental health and developmental children's services. The System Partners do not delegate their legal authority with respect to any core function nor power of their agency, office, Department or position. This MOU memorializes the System Partners' collaborative efforts, but it does not create any legal rights; it does not create nor impose any legal obligations nor responsibilities on the System Partners; it does not eliminate, alter, nor expand any duties or responsibilities otherwise imposed or enacted by law; it does not create any appeal rights, nor does it allow for any cause of action in the event of a purported breach of this MOU. The System Partners each bear their own costs for participating in the system outlined in this MOU. No System Partner is to pay any money to any other System Partner for participating in the system outlined in this MOU. However, the System Partners do fully plan to support the structure and processes contained in this MOU, and to provide a unified framework that will guide their operations and the activities, decisions, and direction of each of their employees, regarding children, youth and family programming.

5. PRINCIPLES

This MOU includes a mutual commitment to and use of the California Integrated Core Practice Model (ICPM) for Children, Youth and Families. System Partners agree to use the principles, values, and practice behaviors in their interactions with youth and family, with one another, with contractors and with County partners.

The ICPM outlines Ten Guiding Practice Principles for service delivery, which include the following key components:

- a. Family voice and choice
- b. Team-based
- c. Natural supports
- d. Collaboration and integration
- e. Community-based
- f. Culturally respectful
- g. Individualized
- h. Strengths-based
- i. Persistence
- j. Outcomes-based

The link, <https://bit.ly/3mFySp5>, and the attached Addendum "A", provide additional information on the principles.

6. INTERAGENCY PROCESSES

The following elements are the primary and necessary components of comprehensive practices for the County of Riverside child and youth-serving System Partners.

System Partners' leaders will work together toward the best interest of children and families, and the processes below support this work. The processes outline foundational efforts to affect the vision of the System Partners, building on mutual understanding, best practices, and the framework of the ICPM, while also complying with all legal mandates. Policies, protocols, and procedures will be developed, implemented, and reviewed as necessary, to further the elements below.

A. INTERAGENCY EXECUTIVE ADVISORY COMMITTEE (IEAC)

The IEAC sets overall strategic direction for the Interagency collaborative partnership. IEAC provides input and approves a two-year strategic plan to guide the development of shared practice and policies, and to monitor and revise the plan as needed. To further a comprehensive and unified County planning process, this plan may incorporate, integrate, or expand upon, other existing interagency planning efforts.

The IEAC meets at least one time per year to review and update the plan.

Membership includes:

- Director, Riverside County Department of Public Social Services (DPSS-CSD), or designee
- Riverside County Superior Court of California, Juvenile Branch Presiding Judge, or designee
- Director, Riverside University Health System - Behavioral Health (RUHS-BH) or designee
- Chief Probation Officer, Riverside County Probation Department (RCP), or designee
- Riverside County Superintendent of Schools, Riverside County Office of Education (RCOE), or designee
- Executive Director, Inland Regional Center (IRC), or designee
- Other System Partners' leadership, as determined by the Committee
- Parent and Youth representatives, as designated by the Committee

The IEAC establishes co-chairs from the membership above that serve two-year staggered terms, with one new co-chair each year.

B. INTERAGENCY LEADERSHIP TEAM (ILT):

The ILT oversees the implementation of the strategic plan approved by the IEAC and provides direction and oversight to the Interagency Placement

Committee (IPC). Membership includes:

- Assistant Director, Riverside County Department of Public Social Services (DPSS-CSD), and/or designee
- Riverside County Superior Court of California, Juvenile Branch Judge/Commissioner, and/or designee
- Deputy Director, Children's and Transition Age Youth services Riverside University Health System - Behavioral Health (RUHS-BH), and/or designee
- Chief Deputy Probation Officer, Riverside County Probation Department, and/or designee
- Associate Superintendent of Student Programs and Services, Riverside County Office of Education (RCOE), and/or designee
- Executive Director, Inland Regional Center (IRC), and/or designee
- Other System Partners' leadership, as determined by the Committee

The ILT establishes co-chairs from the membership above that serve two-year staggered terms, rotated among System Partners or Department/members, with one new co-chair each year.

The ILT will meet quarterly. The meeting forum preference is in-person, however, other forums are acceptable (i.e. virtual meetings), if necessary. The ILT will establish a consistent method of recording decisions and identifying responsible parties for following through on those decisions, sharing information, meeting notices, recording minutes, securing meeting venues, etc.

Whenever possible, ILT member System Partners and leaders will seek consensus in decision-making. If consensus cannot be reached, decisions may be made by a simple majority vote of the total number of authorized members of the ILT.

Specific duties of the ILT members include:

Management, Administration and Service Delivery:

1. Offer interagency consultation and coordination to support management and operation of the Riverside County Integrated Children's System of Care.
2. Analyze opportunities and projects and make recommendations to the IEAC. Provide recommendations and directions on implementation of policies, procedures and programs included under this MOU.
3. Oversee the activities of all programs and services identified within the Collaborative Systems of Care (CSOC) Steering Committee.
4. Identify and facilitate the development of any additional necessary

written MOUs, and/or policies and procedures, for IEAC review and approval. Where these documents may also directly affect operations or obligations of any of the System Partners, those System Partners will also follow the procedures in place for approving such documents.

5. Ensure that all staff assigned to shared programming are provided with the necessary technical assistance, training, support and staff resources to fulfill categorical mandates and implement the ICPM. This may include, but is not limited to, establishing and implementing competencies to guide staff selection, training, coaching and performance management, that are consistent with the ICPM.
6. Ensure that System Partners' managers, supervisors, staff and contracted agencies provide services consistent with the shared Vision, Mission and Purpose and principles of this MOU and the ICPM.

Policy Development, Coordination and Monitoring the Children's Collaborative System of Care:

7. Make recommendations regarding submission, preparation and coordination of grant applications and grant deliverables.
8. Review and, as necessary, recommend program direction for applicable community partners or providers. Gather and share annual reports on program issues, progress and outcomes. Discuss/approve requests from providers as appropriate to System Partners' roles and oversight, e.g., CSD, RCP, and RUHS-BH will collaboratively review and approve Letters of Support/requests from providers to become Short Term Residential Treatment Program (STRTP) providers, in a timely manner. The ILT Administrator will serve as the designated communication authority when working on inter-county requests and correspondence.
9. Participate on related coordinating councils, other advisory committees, and/or multi-disciplinary teams that affect the System Partner processes or services and bring relevant information to the ILT.
10. Appoint and support staff to serve as liaisons to various shared projects, to ensure full continuum of care and linkages back to System Partner services.
11. Monitor programs for general compliance with statutory and regulatory requirements and provide guidance and technical assistance to ensure program practice is consistent with the values and principles of this interagency partnership.
12. Coordinate and develop additional agreements and/or MOUs, as necessary, to assist in program coordination and problem solving.

13. Work with community agencies to develop and implement collaborative and integrated strategies, and to promote and utilize strengths-based, family-focused practice, on a systems-wide basis.
14. Consult with Riverside County tribal representatives to develop processes for engaging and coordinating with the tribes, in the ongoing implementation of the MOU.

C. INTERAGENCY PLACEMENT COMMITTEE (IPC)

System Partners' managers, or other qualified staff, will jointly convene and administer the IPC, as required by state mandates describing County Interagency Placement Committees, and identified in agreed-upon policy and protocol, including appeals protocol.

D. SCREENING, ASSESSMENT AND ENTRY TO CARE

In order to enhance unified service planning, System Partners agree, to the fullest extent allowed by law, to share necessary and relevant client-specific information, in order to conduct treatment, coordinate care and ensure the highest quality care is available to youth and caregivers.

E. CHILD AND FAMILY TEAMING AND UNIFIED SERVICE PLANNING

The System Partners recognize the Child and Family Team (CFT) as central to the implementation of Continuum of Care Reform and the Integrated Core Practice Model. Engagement and full partnership with the CFT is critical in achieving positive outcomes for system-involved families and children; the System Partners will work together to strengthen systemic supports for the CFT.

In order to maximize planning and family engagement, System Partners will provide a single, unified teaming process, for all youth in care.

The System Partners will coordinate mental health care and educational services for youth in the foster care system. Accordingly, System Partners agree to implement policies to comply with laws and/or regulations requiring such coordination, such as Katie A. or AB490.

F. SCHOOL STABILITY AND SCHOOL-OF-ORIGIN TRANSPORTATION PLAN

Federal law [Every Student Succeeds Act (ESSA)] requires that child welfare agencies and school districts develop a joint plan to ensure that transportation is available when it is in a student's best interest to remain in their school-of-origin after a change in placement.

To comply with ESSA and improve school stability for students in foster care, System Partners agree to develop joint policies/procedures to ensure that districts and schools receive notice within one (1) day of any decision by the child welfare agency to change a student's placement (and, whenever feasible, before the placement change occurs); System Partners work with the student's educational rights holder to promptly make the best interests determination; students have transportation to their schools-of-origin while best interests

determinations are pending and pending resolution of any dispute regarding school-of-origin rights; and, if it is determined to be in the student's best interest to remain in their school-of-origin, transportation is provided by the child welfare agency (e.g. through caregiver reimbursement or public bus passes), by the school district (e.g. by using or modifying an existing bus route), or jointly (e.g. by sharing the costs of transportation).

G. RECRUITMENT AND MANAGEMENT OF RESOURCE FAMILIES AND DELIVERY OF THERAPEUTIC FOSTER CARE

System Partners will practice collaborative, uniform and consistent efforts, to recruit, train and support professional Resource Family caregivers, in order to foster safe, permanent and healthy out-of-home placement when necessary. While CSD and RCP have legal obligations and responsibilities to assure foster care capacity, RUHS - BH has parallel responsibility to assure adequate capacity for and oversight of Specialty Mental Health Services (SMHS), to support youth and their caregivers.

System Partners agree to share necessary information and processes, as required and authorized by law, to support recruitment and retention efforts. These include, but are not limited to; joint review of STRTP and Foster Family Agencies' (FFA) Program Statements and applications; joint investigation of complaints or grievances, as appropriate for each System Partner; joint drafting and execution of contracts with providers; and, joint delivery of technical assistance and oversight, including on-site reviews of programs and services.

H. QUALITY MANAGEMENT AND PROVIDER OVERSIGHT

System Partners are committed to working together to track, monitor, evaluate and report on services supporting mutual clients, to meet reporting requirements, and inform evaluation of contractors and vendors.

I. TRAINING AND COACHING

System Partners acknowledge that highly-trained, competent staff, who understand and support each other's work, will help obtain better outcomes for children and families. System Partners agree to coordinate joint training and coaching of staff, so that they can better understand each other's roles, build relationships, and foster a collaborative approach in delivering seamless and integrated services.

System Partners' representatives may participate in developing and implementing training and coaching processes for multiple partners. System Partners will jointly plan and deliver training or in-service content that is of value to their staff, or other key partners. ILT members will use funding as flexibly as possible to facilitate the cross training and preparation of team members.

ILT members also recognize their shared work with multiple community provider agencies, and the need for consistent communication, monitoring, and support for these providers.

J. FINANCIAL RESOURCES/MANAGEMENT

The System Partners support each other in pursuing funding opportunities that strengthen the interagency service delivery system, including, but not limited to, those that maximize, blend, and/or leverage resources. System Partners will share information on these opportunities and will notify and consult each other, prior to applying for said funding opportunities.

K. INFORMATION AND DATA SHARING

The System Partners agree, as applicable, and to the fullest extent allowed by law, to share necessary and relevant client-specific information, in order to conduct treatment, coordinate care, and assure the highest quality service is available to youth and caregivers. Please reference the following statutes: (42 United States Code (U.S.C.) § 671(a)(8)(A); 42 U.S.C. § 1396(a)(7); 42 C.F.R. § 421.302 (2009) as well as California Welfare & Institutions Code § 4096, § 4096.1, § 4514, § 5600.3, § 10850, and § 18986.46.

L. CONFIDENTIALITY

To the extent provided by Blanket Order No. 32 (Attachment II), statute, or by a System Partner's policies, the System Partners may share confidential information with each other, in order to ensure effective treatment, coordinate care and to deliver quality services, pursuant to the requirements of Welfare and Institutions Code section 16521.6(a)(3). Confidential information shared under this MOU shall be subject to the continued confidentiality requirements of the controlling statute or policy. Further, the System Partners agree that:

1. The System Partners shall provide for, and adhere to, the implementation and maintenance of appropriate security protocols and procedures, for the transfer and maintenance of confidential information shared by the other System Partners.
2. Unless otherwise required by this MOU or by Court order, the System Partners shall limit access and viewing of confidential information to individuals who are necessary, to ensure compliance with the purposes of this MOU.
3. The System Partners shall prescribe appropriate procedures for the timely destruction or return of confidential information, once the purpose for which the information was released and exchanged has been satisfied, pursuant to Welfare and Institutions Code section 16521.6(a)(3)(B).

M. DISPUTE RESOLUTION MECHANISM

Whenever possible, ILT member System Partners and leaders will seek consensus in decision-making. If consensus cannot be reached, decisions may be made by a simple majority vote of the total number of authorized members of the ILT.

Performance to Continue During Dispute

Performance of this MOU shall continue during any necessary dispute proceeding, or any other dispute resolution mechanism. No payment due nor payable, by any System Partner, shall be withheld due to a pending dispute resolution, with exception to the extent that payment is the subject of such dispute.

7. **MUTUAL HOLD HARMLESS PROVISION**

Each System Partner signing this MOU agrees to hold harmless all other System Partners, including officers, employees, volunteers, and agents, from and against any and all liability, loss, expense, attorneys' fees, and/or claims for injury or damages, arising out of the performance of this MOU.

The System Partners agree to reasonably cooperate with each other in the investigation and disposition of third-party liability claims, arising out of any services provided under this MOU. Absent of any conflicts of interest, it is the intention of the System Partners to reasonably cooperate in the disposition of all such claims. Such cooperation may include joint investigation, defense and disposition of claims of third parties, arising from services performed under this MOU. The System Partners agree to promptly inform one another whenever an incident report, claim or complaint is filed, or whenever an investigation is initiated concerning any service performed under this MOU. Each System Partner may conduct its own investigation and engage its own counsel.

Each of the System Partners hereby acknowledges that the System Partners are independent contractors and that the relationship established among the System Partners, by this MOU, shall not constitute a partnership, joint venture nor agency. None of the System Partners shall have the authority to make any statements, representations nor commitments of any kind, nor take any action, which shall be binding on the other Parties hereto, without the prior written consent of the other Parties hereto, or Party hereto, as applicable, to do so.

8. **INSURANCE**

Without limiting or diminishing each System Partner's obligation to hold harmless all other System Partners, each System Partner, at its sole cost and expense, shall maintain or cause to be maintained, its own insurance coverages for workers' compensation, vehicle liability, commercial general liability and cyber liability, for its own operations during the term of this MOU. The insurance requirements contained in this MOU may be met with a program(s) of self-insurance.

9. **TERM**

This MOU shall remain in full force and effect, from the date of signature, through December 31, 2025, but may be terminated earlier, in accordance with the provisions of Section 10 of this MOU

10. **EARLY TERMINATION**

This MOU may be terminated, without cause, upon thirty (30) days' written notice by any Party, or upon the mutual agreement of all Parties. The DPSS-CSD Director, or designee, is authorized to exercise DPSS-CSD's rights, with respect to any termination of this MOU. The Presiding Judge of the Juvenile Court for the Superior Court of California, County of Riverside, or designee, is authorized to exercise the Presiding Judge's rights, with respect to any termination of this MOU. The RUHS-BH Director, or designee, is authorized to

exercise RUHS-BH's rights, with respect to any termination of this MOU. The RCP Chief Probation Officer, or designee, is authorized to exercise RCP's rights, with respect to any termination of this MOU. The RCOE Superintendent, or designee, is authorized to exercise RCOE's rights, with respect to any termination of this MOU. The IRC Executive Director, or designee, is authorized to exercise IRC's rights, with respect to any termination of this MOU.

11. CIVIL RIGHTS COMPLIANCE

System Partners shall ensure that the administration of public assistance and social service programs is non-discriminatory. System Partners shall not discriminate in the provision of services, the allocation of benefits, employment of personnel, nor in the accommodation in facilities, on the basis of ethnic group identification, color, race, religion, national origin, gender, age, sexual orientation, physical or mental handicap, in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d, and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by State law and regulations, as all may now exist, or be hereafter amended or changed.

12. WAIVER

No waiver of any of the provisions of this MOU shall be effective unless it is made in a writing which refers to provisions so waived and which is executed by the Parties. No course of dealing, nor delay or failure of a Party in exercising any right under this MOU, shall affect any other or future exercise of that right, nor any exercise of any other right. A Party shall not be precluded from exercising a right by having partially exercised that right, nor by having previously abandoned or discontinued steps, to enforce that right.

13. AUTHORITY

The signatures of the Parties affixed to this MOU affirm that they are duly authorized to commit and bind their respective Party to the terms and conditions set forth in this MOU.

14. GOVERNING LAW AND VENUE

This MOU shall be governed by the laws of the State of California. Venue shall be in Riverside County.

15. SEVERABILITY

If any portion of this MOU is declared invalid, illegal, or otherwise unenforceable by a Court of competent jurisdiction, the remaining provisions shall continue, in full force and effect.

16. CONSTRUCTION AND CAPTIONS

Since the Parties and/or their agents have participated fully in the preparation of this MOU, the language of this MOU shall be construed simply, according to its fair meaning, and not strictly for nor against any Party. The captions of the various articles, sections, and paragraphs are for convenience and ease of reference only, and do not define, limit, augment, nor describe the scope, content, nor intent of this MOU.

17. COMPLIANCE WITH LAW

All Parties shall keep themselves fully informed of and in compliance with all local, state, and federal laws, rules, regulations, requirements and directives, relative to AB 2083 and the purposes of this MOU, funding sources and other governing regulatory authorities that

impose duties and regulations upon the Parties to this MOU, and which, in any manner, affect the performance of their respective obligations and/or duties, under this MOU.

18. NOTICES

All notices, claims, correspondence, and/or statements authorized, and/or required by this MOU, shall be deemed effective five (5) business days after they are made in writing and deposited in the United States Postal Mail, addressed as set forth in Exhibit A.

19. ASSIGNMENT

System Partners shall not assign nor transfer any interest in this MOU without the prior written consent of all of the System Partners. Any attempt to assign or transfer any interest, without the written consent of all of the System Partners, shall be deemed void and of no force nor effect.

20. ENTIRE AGREEMENT

This MOU is the full and complete document describing services to be rendered by the Parties, including all covenants, conditions, and benefits.

21. MODIFICATION

Any alterations, variations, modifications, or waivers of provisions of the MOU, unless specifically allowed in the MOU, shall be valid only when they have been reduced to writing, duly signed and approved by the authorized representatives of all Parties, as an amendment to this MOU. Oral understandings, or agreements that have not been incorporated herein, shall not be binding on any of the Parties hereto.

22. SIGNED IN COUNTERPARTS

This MOU may be executed in any number of counterparts, each of which when executed shall constitute a duplicate original, but, all counterparts together shall constitute a single agreement.

23. ELECTRONIC SIGNATURES

Each party to this MOU agrees to the use of electronic signatures, such as digital signatures, that meet the requirements of the California Uniform Electronic Transactions Act ("CUETA"), at Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this MOU. The parties further agree that the electronic signature(s) included herein are intended to authenticate this writing and to have the same force and effect as manual signatures.

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ATTEST:
KECIA R. HARPER, Clerk
By [Signature]
DEPUTY

Authorized Signature for the County of Riverside: <u>Karen S. Spiegel</u>
Printed Name of Person Signing: Karen Spiegel
Title: Chair, Board of Supervisors
Date Signed: <u>10.26.2021</u>

Recommended for Approval:

Riverside County Department of Public Social Services

[Signature]

Sayori Baldwin, Director

Date: Sep 27, 2021

Riverside University Health System – Behavioral Health

[Signature]
Matthew Chang, Director

Date: 9/13/2021

Riverside County Probation Department

[Signature]
Ronald Miller II, Chief Probation Officer

Date: _____

Juvenile Court, Superior Court of California, Riverside County

[Signature]
The Honorable Mark E. Petersen, Presiding Judge

Date: _____

Authorized Signature for the County of Riverside:
Printed Name of Person Signing: Karen Spiegel
Title: Chair, Board of Supervisors
Date Signed:

Recommended for Approval:

Riverside County Department of Public Social Services

Sayori Baldwin, Director

Date: _____

Riverside University Health System – Behavioral Health

Matthew Chang, Director

Date: _____

Riverside County Probation Department
Ronald L. Miller II

Ronald Miller II, Chief Probation Officer

Date: Aug 30, 2021

Juvenile Court, Superior Court of California, Riverside County
Mark E. Petersen

The Honorable Mark E. Petersen, Presiding Judge

Date: Aug 30, 2021

Riverside County Office of Education

Edwin Gomez, Ed.D., Superintendent of Schools

Date: _____

Inland Counties Regional Center, Inc.

Lavinia Johnson, Exec. Dir./Chief Executive Officer

Date: _____

Approval as to Form
Gregory P. Priamos
County Counsel

Esen Sainz

Sep 20, 2021

Esen Sainz Date Signed
Deputy County Counsel

Eric Stopher Date Signed
Deputy County Counsel

Approval as to Form
Steven K. Beckett
General Counsel & Director
Inland Regional Center

Date Signed

Attachment I – List of System Partners

No.	SYSTEM PARTNERS	ADDRESS
1.	<p>The County of Riverside, a political subdivision of the State of California, on behalf of its following Departments:</p> <p>Department of Public Social Services, Children's Services Division (DPSS)</p> <p>Riverside University Health System—Behavioral Health (RUHS-BH)</p> <p>Riverside County Probation Department</p>	<p>4060 County Circle Drive Riverside, CA 92503</p> <p>4095 County Circle Drive Riverside, CA 92503</p> <p>3960 Orange Street Riverside, CA 92501</p>
2.	<p>Juvenile Court, Superior Court of California, Riverside County</p>	<p>4050 Main Street Riverside, CA 92501</p>
3.	<p>Riverside County Office of Education</p>	<p>3939 Thirteenth Street Riverside, CA 92501</p>
4.	<p>Inland Counties Regional Center, Inc.</p>	<p>Physical Address: 1365 South Waterman Ave. San Bernardino, CA 92408-2804</p> <p>Mailing Address: P.O. Box 19037 San Bernardino, CA 92423-9037</p>

Attachment II
Draft

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SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF RIVERSIDE
JUVENILE DIVISION

) **BLANKET ORDER NO. 32**

)
) ORDER FOR THE RELEASE AND
) EXCHANGE OF CONFIDENTIAL
) INFORMATION BETWEEN THE RIVERSIDE
) COUNTY DEPARTMENT OF SOCIAL
) SERVICES-CHILDREN'S SERVICES
) DIVISION; RIVERSIDE COUNTY
) PROBATION DEPARTMENT, RIVERSIDE
) UNIVERSITY HEALTH SYSTEM-
) BEHAVIORAL HEALTH, THE RIVERSIDE
) COUNTY OFFICE OF EDUCATION, INLAND
) COUNTIES REGIONAL CENTER, INC. AND
) NECESSARY THIRD-PARTY COMMUNITY
) PARTNERS TO FACILITATE A SYSTEM OF
) CARE REQUIRED BY ASSEMBLY BILL 2083

_____)
The Continuum of Care Reform, initiated in 2015 by and through Assembly Bill 403, (an act adding section 16521.6 to the Welfare and Institutions Code) is currently being further supported by a

_____)
ORDER FOR THE RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION BETWEEN THE RIVERSIDE COUNTY DEPARTMENT OF SOCIAL SERVICES-CHILDREN'S SERVICES DIVISION; RIVERSIDE COUNTY PROBATION DEPARTMENT, RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH, THE RIVERSIDE COUNTY OFFICE OF EDUCATION, INLAND COUNTIES REGIONAL CENTER, INC. AND NECESSARY THIRD-PARTY COMMUNITY PARTNERS TO FACILITATE A SYSTEM OF CARE REQUIRED BY ASSEMBLY BILL 2083

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1 system of care for families engaged with child welfare or foster care. County and local partners are
 2 mandated to provide a coordinated system of care to avoid gaps in services and create stable foster
 3 placements. The system of care is to provide coordinated, timely, culturally competent, integrated,
 4 community-based, strength-based, individualized and trauma informed services to address systemic barriers
 5 to the traditional provision of interagency services.

6 The California Legislature, by and through the implementation of Assembly Bill 2083 (Chapter 815,
 7 Statutes of 2018), requires, in part, that Riverside County develop a memorandum of understanding
 8 outlining the roles and responsibilities of the agencies described as System Partners. The Riverside County
 9 Department of Public Social Services-Children’s Services Division (DPSS-CSD), Riverside County
 10 Probation Department (RCP), Riverside University Health System-Behavioral Health (RUHS-BH),
 11 Riverside County Office of Education (RCOE) and Inland Counties Regional Center, Inc. d/b/a Inland
 12 Regional Center (IRC) (hereinafter collectively referred to as System Partners) have entered into a Riverside
 13 County Interagency Child, Youth, and Family Services Memorandum of Understanding (MOU), in
 14 satisfaction of this legislation. The MOU, in part, supports the structure and processes of each System
 15 Partner.

16 The MOU also requires, in part, that confidential information and data be shared by and between
 17 the System Partners through information and data sharing agreements to the extent permitted by federal and
 18 state laws. This includes information and data shared by particular teams or persons described and identified
 19 with the MOU. These teams or persons include an Interagency Executive Advisory Committee (IEAS), an
 20 Interagency Leadership Team (ILT), a Child and Family Team (CFT), an Interagency Placement Committee
 21 (IPC) and/or invested third parties as defined and described within Assembly Bill No. 2083, subsequent
 22 legislation and the terms of the MOU. Invested third parties may include, but are not limited to, individuals,
 23 organizations, agencies or entities, who are (1) service providers, or (2)

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 25 ORDER FOR THE RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION BETWEEN THE RIVERSIDE
 26 COUNTY DEPARTMENT OF SOCIAL SERVICES-CHILDREN’S SERVICES DIVISION; RIVERSIDE COUNTY
 27 PROBATION DEPARTMENT, RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH, THE
 28 RIVERSIDE COUNTY OFFICE OF EDUCATION, INLAND COUNTIES REGIONAL CENTER, INC. AND NECESSARY
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 2083

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1 members of: local educational agencies, special education local plan areas, managed care organizations
2 placement agencies, a child's family, a foster youth advisory council, Indian tribes or tribal organizations,
3 the California State Department of Social Services and/or the Riverside Superior Court-Juvenile Division.

4 Invested third parties may be, or may not be, parties to the MOU.

5 The ILT consists of the System Partners' leaders, department heads or superintendents and is the
6 governing and coordinating body. The ILT establishes and oversees the execution of the MOU. The ILT
7 must have access to, and share, a foster child's or youth's confidential information to (1) guide staff, (2)
8 identify and resolve conflicts, if any, and (3) leverage resources where there is a reasonable belief that the
9 information is relevant to the child or youth.

10 The System Partners must have access to confidential information to share necessary and relevant
11 information in each case in which services must be provided to conduct treatment, coordinate care and to
12 deliver quality services by and through case management and/or the efforts of the CFT and IPC. Invested
13 third parties, may be included in the ILT activities or treatment, care and placement efforts provided for and
14 to a specific foster child. The California Integrated Core Practice Model (ICPM) for Children Youth and
15 Families is a resource created in collaboration between the California Department of Health Care Services
16 and the California Department of Social Services to provide practical guidance and direction to System
17 Partners and Invested Third Parties, where applicable, in the delivery of timely, effective, and integrated
18 services to foster children. The ICPM is integrated in the MOU and in the provision of services to foster
19 children.

20 Assembly Bill No. 2083 permits the ILT to disclose and exchange confidential information as
21 permitted by federal law. Notwithstanding, statutory disclosure restrictions preclude DPSS-CSD from
22 disseminating certain information unless authorized by court order. Specifically, the following statutes
23 preclude DPSS-CSD from disseminating information described in:

24 3
25 ORDER FOR THE RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION BETWEEN THE RIVERSIDE
26 COUNTY DEPARTMENT OF SOCIAL SERVICES-CHILDREN'S SERVICES DIVISION; RIVERSIDE COUNTY
27 PROBATION DEPARTMENT, RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH, THE
28 RIVERSIDE COUNTY OFFICE OF EDUCATION, INLAND COUNTIES REGIONAL CENTER, INC. AND NECESSARY
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- 1 • California Penal Code sections 11167 and 11167.5
- 2 • California Welfare and Institutions Code sections 827, 828, 10850, and 16501, subdivision (a)(4)
- 3 • Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 C.F.R. Part 99, as amended; "FERPA")
- 4 • California Business and Professions Code § 22584
- 5 • California Civil Code section 1798.29
- 6 • California Education Code sections 49073, 49076, 49076.5 and 49076.7
- 7 • California Government Code section 6250
- 8 • 20 U.S.C. section 1232g and 34 C.F.R. section 99.31
- 9
- 10 • Riverside County Juvenile Blanket Order 15.

11 Therefore, since some federal law and California laws may limit the release and exchange of
 12 confidential information, resolution of this conflict is necessary by and through this blanket order. Good
 13 cause supports the release and exchange of confidential information in this context since a limited release
 14 of information about a foster child is in the child’s best interests where multiple agencies are involved in
 15 assessing a foster child for services and/or placement needs. The purpose of this release and exchange is in
 16 the furtherance of Continuum of Care Reform supported by a system of care for foster children.
 17 Collaborative efforts in a system of care provides a coordinated, timely and trauma-informed approach to
 18 foster children to address systemic barriers to the traditional provision of interagency services. The Juvenile
 19 Court hereby issues this blanket order authorizing the disclosure of a juvenile case file and/or confidential
 20 information in compliance with Welfare and Institutions Code section 16521.6 and in coordination with a
 21 system of care prescribed and described by the MOU. System Partners and invested third parties are
 22 authorized to release and exchange a foster child’s confidential information.

23 Further, the System Partners agree that:

24 4
 25 ORDER FOR THE RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION BETWEEN THE RIVERSIDE
 26 COUNTY DEPARTMENT OF SOCIAL SERVICES-CHILDREN’S SERVICES DIVISION; RIVERSIDE COUNTY
 27 PROBATION DEPARTMENT, RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH, THE
 28 RIVERSIDE COUNTY OFFICE OF EDUCATION, INLAND COUNTIES REGIONAL CENTER, INC. AND NECESSARY
 2083

BLANKET ORDER NO. 32

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1. The System Partners shall provide for, and adhere to, the implementation and maintenance of appropriate security protocols and procedures for the transfer and maintenance of confidential information shared by the other System Partners

2. Unless otherwise required by the MOU or by court order, the System Partners shall limit access and viewing of confidential information to individuals who are necessary to ensure compliance with the purposes of the MOU and

3. The System Partners shall prescribe appropriate procedures for the timely destruction or return of confidential information once the purpose for which the information was released and exchanged has been satisfied, pursuant to Welfare and Institutions Code section 16521.6, subdivision (a)(3)(B).

Access, viewing, discussion and/or use of any records or confidential information obtained under this order is solely limited to use in connection and application of the Riverside County Interagency Child, Youth and Family Services Memorandum of Understanding, referenced as "MOU" and described, in part, above. Confidential information released, exchanged or discussed within teams or committees pursuant to this Blanket Order shall not be open to public inspection in any instance. The confidential information maintains its confidential nature in spite of the release and dissemination pursuant to a system of care, the terms of the MOU and the actions of System Partners and invested third parties. The records and information disclosed under this order shall not be released to any other entity or individual other than the System Partners or invested third parties described herein and within the terms of the MOU and shall not be made any part of any other court file that is open to the public. The use of records and information obtained under this order are limited to promote a coordinated system of care to children, youth and families engaged in child welfare or to serve the needs of Riverside County dependent children placed in foster care only, unless authorized by further court order or as allowed by law. Confidentiality of

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ORDER FOR THE RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION BETWEEN THE RIVERSIDE COUNTY DEPARTMENT OF SOCIAL SERVICES-CHILDREN'S SERVICES DIVISION; RIVERSIDE COUNTY PROBATION DEPARTMENT, RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH, THE RIVERSIDE COUNTY OFFICE OF EDUCATION, INLAND COUNTIES REGIONAL CENTER, INC. AND NECESSARY THIRD-PARTY COMMUNITY PARTNERS TO FACILITATE A SYSTEM OF CARE REQUIRED BY ASSEMBLY BILL 2083

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1 Substance Use Disorder Patient Records, 42 CFR Part 2, and the Health Insurance Portability and
2 Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 & 164, cannot be disclosed without written consent
3 unless otherwise provided by law or regulation.

4 The purpose of this order is to authorize the release of information; this is not an order requiring the
5 release of information. This Blanket Order serves to allow for routine healthcare/dental care and information
6 sharing. This blanket order applies to all children in DPSS-CSD protective custody and is not a required
7 document maintained in each child's juvenile case file.

8
9 Dated, 2021

THE HONORABLE MARK E. PETERSEN
Presiding Judge of the Juvenile Court
Riverside Superior Court

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ORDER FOR THE RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION BETWEEN THE RIVERSIDE
COUNTY DEPARTMENT OF SOCIAL SERVICES-CHILDREN'S SERVICES DIVISION; RIVERSIDE COUNTY
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2083

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ADDENDUM “A”

California Core Practice Model

The following excerpt is from the Integrated California Core Practice Model. Please refer to <https://bit.ly/3mFySp5> for additional information.

Values and Principles

This ICPM is informed by nationally-recognized core values and principles and derived largely from research about how collaborative and integrated family services work best. These guidelines, with the use of complementary evidence-informed practices, suggest that a spectrum of community-based services and supports for children, youth, and families with, or at risk of, serious challenges, will improve the outcome of services.

1. Values

Family-driven and youth-guided: Family-driven and youth-guided practices recognize that no one knows more about the family's story and specific needs than the family members themselves. The family members can best describe their history, culture, and preferences. They are the experts about themselves. Consistent with the important developmental task of personal individuation, the choices of a child or youth should be solicited and respected, whenever possible, during the process. While addressing the needs and building on the strengths of the child or youth may be the primary target or purpose of interventions, services must focus on the needs of the whole family, with supports that empower families and enhance their ability to access internal, natural, and community resources. When family members see their own choices reflected in integrated service plans, even when plans require a child and/or youth placement outside their biological family to ensure safety, plans are more likely to be successful.

Community-based: The locus of service and resources reside within an adaptive and supportive structure of systems, processes, and relationships, at the community level. Services and support strategies should take place in the most inclusive, responsive, accessible, and least restrictive settings, where safety, permanency, and family members' participation in community life are maximized. Children, youth, and family members need access to the same range of activities and environments as other families, children, and youth within their community, to support positive functioning and development.

Culturally and linguistically competent: Culture includes a broad range of factors that shape identity, including, but reaching beyond, racial, ethnic, gender, and linguistic differences. It is critical that members of the team demonstrate respect for diversity in expression, opinion, and preference, especially as they come together in teams to make decisions. Words and body language must demonstrate an accepting and curious approach to understanding the family, including their needs and strengths. It is critical that communication meets language and literacy needs, with the use of plain language that everyone can understand, and the use of a translator or interpreter, whenever language barriers exist.

A family's traditions, values, and heritage are sources of strength. Relationships with people and organizations with whom they share a cultural or spiritual identity can be essential sources of support. These resources are often "natural", in that they potentially endure as sources of support after formal services have ended. It is important that the team embrace these organizations and individuals, strengthening and nurturing positive connections, to assist the family members in achieving and maintaining positive change in their lives.

2. Ten Guiding Practice Principles

Family voice and choice. Each family member's perspective is intentionally elicited and prioritized during all phases of the teaming and service process. The team strives to find options and choices for the plan that authentically reflect the family members' perspectives and preferences.

Team-based: The team consists of individuals agreed upon by the family members and committed to the family, through informal, formal, and community support and service relationships. At times, family members' choices about team membership may be shaped or limited by practical or legal considerations, however, the family should be supported in making informed decisions about who should be part of the team. Ultimately, family members may choose not to participate in the process if they are unwilling to accept certain members.

Natural supports: The team actively seeks and encourages full participation of members drawn from the family members' networks of interpersonal and community relationships. The plan reflects activities and interventions drawn on sources of natural support. These networks include friends, extended family, neighbors, coworkers, church members, and so on.

Collaboration and integration: Team members work cooperatively and share responsibility to jointly develop, implement, monitor, and evaluate an integrated, collaborative plan. This principle recognizes that the team is more likely to be successful in accomplishing its work when team members approach decisions in an open-minded manner and are prepared to listen to, and be influenced by, other team members. Members must be willing to provide their own perspectives, with a commitment to focus on strengths and opportunities in addressing needs, and work to ensure that others have opportunity to provide input and feel safe doing so. Each team member must be committed to the team goals and the integrated team plan. For professional team members, interactions are governed by the goals in the plan and the decisions made by the team. This includes the use of resources controlled by individual members of the team. When legal mandates or other requirements constrain decisions, team members must be willing to work creatively and flexibly to find ways to satisfy mandates, while also working toward team goals.

Community-based: The team will strive to implement service and support strategies that are accessible and available, within the community where the family lives. Children, youth, and family members will receive support so that they can access the same range of activities and environments as other families, children, and youth within their community and that support their positive functioning and development.

Culturally respectful: The planning and service process demonstrates respect for, and builds upon the values, preferences (including language preferences), beliefs, culture and identity of the family members and their community or tribe. Culture is recognized as the wisdom, healing traditions, and transmitted values that bind people from one generation to another. Cultural humility requires acknowledgement that professional staff most often cannot meet all elements of cultural competence for all people served. Professionals must ensure that the service plan supports the achievement of goals for change and is integrated into the youth and family's cultures. Cultural humility and openness to learning foster successful empowerment and better outcomes.

Individualized: The principle of family voice and choice lays the foundation for individualization and flexibility in building the plan. While formal services may provide a portion of the help and support that a family needs, plans and resources must be customized to the specific needs of the individual child, youth, and family members. Each element of the family's service plan must be built upon the unique and specific strengths, needs, and interests of family members, including the assets and resources of their community and culture.

Strengths-based: The service process and plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child, youth, and family members, their tribe and community, and other team members. The team takes time to recognize and validate the skills, knowledge, insight, and strategies that the family and their team members have used to meet the challenges they have encountered in their lives, despite these strengths possibly having been inadequate in the past. This commitment to a strengths-based orientation intends to highlight and support the achievement of outcomes, not through a focus on eliminating family member's deficits, but rather through an effort to utilize and increase their assets. This begins with a uniform and singular use of the CANS assessment. Doing so validates, builds on, and expands each family members' perspective (e.g., positive self-regard, self-efficacy, hope, optimism, and clarity of values, purpose, and identity), their interpersonal assets (e.g., social competence and social connectedness), and their expertise, skills, and knowledge.

Persistence: The team does not give up on, nor blame or reject children, youth, nor their families. When faced with challenges or setbacks, the team continues working toward meeting the needs of the youth and family and toward achieving the team's goals. Undesirable behaviors, events, or outcomes, are not seen as evidence of youth or family "failure", but rather, are interpreted as indication that the plan should be revised to be more successful in achieving the positive outcomes associated with the goals. At times, this requires team commitment to revise and implement a plan, even in the face of limited system capacity or resources.

Outcomes-based: 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. This principle emphasizes that the team is accountable, to the family and all of the team members, to the systems of care serving the children, youth, and families, and to the community. Tracking progress toward outcomes and goals keeps the plan on track and indicates need for revision of strategies and interventions, as necessary. It also helps the team

maintain hope, cohesion, and effectiveness, and allows the family to recognize that things are indeed changing, and progress is being made.

Historically, the ability to retain children, youth, and family members in treatment services to completion has been challenging. Children, youth, and families from vulnerable populations (e.g., children of single parents, children living in poverty, minority families) are least likely to stay in treatment. When asked about reasons for dropping out, parents often identify stressors associated with getting to appointments, a sense that the treatment or service offered is irrelevant to their needs, or a perceived lack of connection with the service provider.

While providers may have little control over a child and family's daily life stressors or difficulties in accessing care, they clearly have control over the relevance and opportunity to avoid redundancy of services offered to families (supporting the principles of voice and choice and individualized), as well as their efforts in relationship-building (also known as engagement). Within the CFT process, including a focus on the needs identified as highest priority by the child, youth, and family members themselves is a critical component of initial and sustained engagement, during the service delivery process.

An additional practical construct to this approach is the reality that a family's complex needs have often been recognized through services directed by multiple and competing service plans. Bringing service plan expectations and resources together, as well as following a shared CANS and a single and functional structured assessment process, will result in a simplified, coordinated plan that will greatly improve the prognosis of success and dramatically lower the stress on family members.