

Mendocino County  
Interagency Children, Youth and Family System of Care (AB 2083)  
**MEMORANDUM OF UNDERSTANDING**

## **I. PARTIES**

This Memorandum of Understanding (MOU), defining the collaboratively shared design, delivery and management of services to children, youth and families in Mendocino County, is entered into by the following parties ("System Partners") as required by California Welfare and Institutions Code §16521.6:

- Mendocino County Probation Department ("Probation")
- Mendocino County Social Services
- Mendocino County Family and Children's Services ("FCS")
- Mendocino County Behavioral Health and Recovery Services ("BHRS")
- Mendocino County Office of Education ("MCOE")
- Redwood Coast Regional Center ("RCRC")
- Mendocino County Superior Court: Presiding Judge of the Juvenile Court or designated Judicial Officer (advisory, non-voting)

System Partners do not delegate their legal authority with respect to any core function or power of their agency, office, department or position. The System Partners are not establishing policies that are intended to be averse to any relevant agency-wide policies, rules or agreements.

It is the intent of the System Partners to fully support the structure and processes in this MOU and to provide the framework that will guide their operations and the activities, and decisions of each of their employees regarding the delivery of services to children, youth and families.

## **II. VISION**

All children, youth, adults and families in Mendocino County will be self-sufficient in keeping themselves, their children and their families safe, healthy, at home, in school or employed, out of trouble and economically stable.

## **III. MISSION**

The System Partners seek to ensure that coordinated, timely, and trauma-informed services are provided to children and youth in foster care who have experienced severe trauma and that all public programs for children, youth and families will provide services in an integrated, comprehensive, culturally responsive, evidence-based/best practice manner, regardless of the agency door by which children and families enter. This mission includes an awareness of and a commitment to incorporate the foster youth

experience and voice into county level collaborations and partnerships that manage or oversee the delivery of services. System Partners are also committed to coordinating services to prevent entry into foster care, and to support transitions and exit from foster care programs.

#### **IV. TERM**

This MOU shall remain in full force and effect when fully executed through December 31, 2023. The term may be extended for one additional year, through December 31, 2024, upon agreement by System Partners.

#### **V. INTERAGENCY PROCESSES**

##### **A. INTERAGENCY LEADERSHIP TEAM (ILT)**

The ILT serves as the governing board and consists of the Director and/or one designee from each System Partner. Designees may be appointed at the discretion of the Director of the System Partner.

The ILT shall select a Chair and a Vice-Chair who will lead the ILT meetings and processes. The Chair will lead the meetings for a period of one (1) year. At the end of the term for the Chair, the Vice-Chair shall rotate into the role of Chair and a new Vice-Chair shall be selected. The Chair shall be responsible for providing staff support for the purposes of developing agendas and maintaining meeting minutes, scheduling meetings, securing venues and distributing documents.

ILT members shall attend all meetings, and planning sessions necessary to carry out the obligations and requirements of this MOU.

The ILT shall meet quarterly. Meetings may be held in person or via internet meeting platforms. A meeting agenda and applicable supporting documents shall be distributed at least seven (7) calendar days prior to the meeting. Minutes shall be recorded for each meeting and reviewed and approved at each subsequent meeting. Annually, the last meeting of the calendar year agenda shall include a review of the Mendocino County AB 2083 MOU to assess any revisions of the document or the addition of procedures developed by the ILT.

In the event that an issue requiring action by the ILT is presented to the Chair during the interim between scheduled meetings, the Chair shall send an email to the ILT and designees with all information necessary to address the issue/request and/or vote. The vote shall be made by email to the Chair with a cc to the ILT and designees. If letters of support are required in between meetings, the Chair may also send requests for and approvals of Letters of Support to the ILT and designees using email communication. Any ILT member may request an urgent in-person meeting to address issues or resolve a dispute that cannot wait until the next quarterly in-person meeting.

The ILT will utilize a shared decision making process for all identified programs and services. There are six (6) voting members of the ILT. Each System Partner has one vote which may be cast by the ILT Director or his/her designee. Each Director or designee is entitled to one (1) vote. Five (5) voting members must be in attendance to establish a quorum. Decisions shall be made based on a simple majority vote of the quorum. If a quorum is not present, voting must be rescheduled for a subsequent meeting.

The Interagency Placement Committee (IPC) shall provide a report to the ILT twice per year on dates to be determined by the ILT. The ILT shall advise the IPC as to the information and data to be included in each report.

A lead System Partner shall be assigned the responsibility for oversight of the tasks and actions required to implement and/or revise programs. The assigned lead System Partner shall be responsible for management of the assigned project and reporting to the ILT on progress, completion and outcomes. All tasks and actions required to implement or revise programs shall be documented in a project plan.

Annually, at the time of the first ILT meeting, a training plan for the year will be created. ILT agendas throughout the year may also include items for (1) the purposes of information only; and/or (2) a request for a review and decision related to cross-system services and programs such as:

- Draft MOUs developed by a System Partner.
- Proposed new programs or revisions to current programs.
- Letters of Recommendation and other critical information for Short-Term Residential Treatment Program (STRTP) providers and other youth serving facilities.
- Grant applications and grant deliverables.
- Status of financial issues.
- Discussion of any compliance issues.
- Issues related to interagency collaboration.

The ILT, at their discretion, shall invite or include other experienced staff members and/or other senior managers from System Partners or other involved agencies, tribal partners or identified contractors to inform or advise the ILT. Annually, the Chair or designee of the ILT shall publicly post the dates and times of the quarterly meetings on the Mendocino County website. RCRC and MCOE may post on their websites a link to the Mendocino County website. All interested parties shall be encouraged to attend ILT meetings.

The ILT may appoint Ad Hoc Advisory Committees, comprised of staff from System Partners, tribal partners and other involved agencies, to manage and implement tasks and programs as prescribed by the ILT. An Ad Hoc Committee will be convened, as necessary and with consent of the parent/legal guardian, to discuss community children and youth that are not currently in the foster care system, but may need

coordination of services to prevent entry into foster care.

## **B. INTERAGENCY PLACEMENT COMMITTEE (IPC):**

The Interagency Placement Committee, locally referred to as the Multi-Disciplinary Team (MDT) is established, as defined in California Welfare and Institutions Code Section 4096, to support coordinated decision making and approval for specialized services and placements for children/youth in foster care. The MDT is a multi-agency, multi-disciplinary team that supports children and youth, including Non-Minor Dependents (NMD), with significant behavioral, emotional, medical and/or developmental needs through a collaborative review process whereby a child/youth's treatment and placement needs are determined. The MDT review process includes consideration of available assessments/evaluations, treatment information, and other relevant information regarding the child/youth/NMD's history and current services and needs.

MDT membership includes:

- FCS Sr. Program Manager who serves as the convener/ coordinator
- Juvenile Probation Division (JPD) Supervisor/Manager
- Redwood Quality Management Company (RQMC) Designee
- BHRS Designee
- MCOE Designee

The MDT may also include other participants such as the Social Worker or Probation Officer from the placement agency, Indian Child Welfare Advocate, Public Health Foster Care Nursing staff, FCS Placement staff, Wraparound Supervisor, representatives from the Child and Family Team, representatives of service provider agencies, Court Appointed Special Advocate (CASA) representative, RCRC staff and Educational/ Developmental rights holder. For special needs children and youth, representative(s) knowledgeable in relevant special services may participate in the MDT on a case by case basis, which includes RCRC when a referral has been made to RCRC based on suspicion of a developmental disability but no determination has yet been made.

The FCS Sr. Program Manager, JPD Supervisor/Manager, RQMC designee, BHRS designee, and MCOE designee are hereby designated as Co-Leaders of the MDT. In order to reach a shared agreement, the MDT shall utilize a shared decision-making process and consensus based on the results of the assessment and guidelines outlined in California Department of Social Services All County Letter (ACL) 17-177. If the MDT is unable to reach consensus or needs additional input, the MDT Coordinator will refer the matter to the ILT Chair for either an urgent review or review during the next regularly scheduled ILT meeting.

Decisions and recommendations by the MDT, or the ILT if the matter was referred to the ILT, will become the recommendations of the responsible placing agency referring the youth to the MDT. Involved staff members associated with the youth's care who disagree with the MDT recommended action may raise an objection to the



recommended action or may advocate for a different action through use of appeal process outlined herein.

Appeals of youth, family or case specific MDT recommendations or decisions may be made immediately following the MDT meeting to the Juvenile Dependency/Delinquency Court or as outlined in Section K- Dispute Resolution.

The MDT meets weekly and as necessary to carry out its functions. The functions include, but are not limited to, the following:

- Supporting coordinated decision-making approval for placement and specialized services to wards and dependents of the court jointly identified by FCS, JPD, RQMC, MCOE and placement agency staff based on review of child/youth/NMD's history, assessments, evaluations conducted by agency partners and others, and review current services and needs and recommendation(s) of the Child and Family Team (CFT).
- Reviewing and approving initial and continued treatment of youth in a Short Term Residential Therapeutic Program (STRTP) or Community Treatment Facility (CTF) consistent with state law to support transition upon completion of treatment in an STRTP or CTF. The MDT shall confirm whether the child/youth/NMD meets medical necessity criteria for Medi-Cal specialty mental health services and/or their individual behavior or treatment needs can only be met by the level of care provided in a STRTP or CTF, and not in a family-based setting.
- Identifying the most appropriate level of services and whenever possible, the least restrictive placements, for other high-risk children and youth. These levels of services or placements may include but are not limited to Intensive Services Foster Care (ISFC), Therapeutic Foster Care (TFC) and Wraparound services.
- Reviewing community children/youth with complex needs with a referral for review from local education agencies, community partners working with families or RCRC, with parental/legal guardian consent and signed Releases of Information, to help coordinate preventative services.
- The MDT will provide reports as requested to the ILT on placements, improvements in services, systems, need for new or redesigned service delivery, areas of improvement and status of observed Integrated Core Practice Model implementation.

FCS staff facilitates the MDT schedule, agenda, and communication with all parties. Any party can request to be on the agenda. The finalized agenda shall be sent to the MDT and specific social workers/probation officers and other involved parties no later than two (2) full business days, if possible, before the scheduled meeting.

The MDT coordinator is responsible for completing necessary forms confirming the MDT or ILT's approval of an STRTP or CTF for a child/youth.

### **C. SCREENING, ASSESSMENT AND ENTRY TO CARE**

In order to enhance unified service planning, reduce impact on youth and caregivers, and reduce administrative costs to partners, service agencies will use an integrated assessment and access-to-care service as defined herein.

Assessment practices currently in use by Mendocino County System Partners include the Child and Adolescent Needs and Strengths (CANS) tool, the Level of Care (LOC) tool, the Biopsychosocial Assessment (BPSA), various education and mental health assessments, and scope-specific decision-making tools. These tools are utilized in the identification of a client's needs for services and to ensure care coordination between the System Partners who have agreed to incorporate these assessment tools into Child and Family Team (CFT) meetings and other program processes, and to share outcomes whenever possible.

Additionally, other Mendocino County service and case-working partners providing screening, assessments, and entry-to-care systems for our children, youth and families are also committed to joint care coordination by ensuring:

- Awareness and understanding of the existing screening, assessment, and entry-to-care procedures of other partners serving these shared clients.
- Collaborating on and developing universal screening, assessment, and entry-to-care systems to serve the best interest of these shared clients.
- Understanding of and adherence to the necessary and legal timelines for each agency's screening, assessment, and entry-to-care for better processing of these shared clients.
- Development of a process for interagency sharing of assessment information to support coordination service planning, consistent with applicable laws and agency practices within the scope of their duties.
- Receipt and retention of shared information only for the purposes as requested and necessary for client services, to be kept confidential and not used for other purposes, not to be open to public inspection, and to be destroyed or returned once the purposes for which it was disclosed or exchanged are satisfied.

Furthermore, for youth in multiple service sectors, agency partners will develop resources for sharing of client-related information such that assessment and planning documents may be accessed by assigned service personnel and within the scope of their duties.

FCS utilizes and/or conducts the following intake and assessment procedures:

- Structured Decision-Making (SDM) tools, statewide child welfare assessment tools, used in meeting goals to promote the ongoing safety and well-being of children/youth. This evidence and research-based system identifies the key points in the life of a child welfare intervention and uses structured assessments to improve the consistency and validity of each decision

including screening child abuse/neglect referrals for investigation, determining child/youth safety, determining risk of future abuse or neglect, caregiver assessment, reunification reassessment and case closure assessment.

- Review, Evaluate, Direct (RED) teams provide a platform for an internal group decision-making process that expands the ability of the organization to engage in advanced critical thinking to match an accepted report of child maltreatment with a selected child protective service response.
- California Integrated Practice Child and Adolescent Needs and Strengths (CA IP-CANS) assessment, a multi-purpose tool that supports decision-making, including level of care and service planning, which allows for the monitoring and outcome of services. When used as part of the CFT and MDT processes, the CANS Assessment can help guide conversations among CFT and MDT members about the well-being of children and youth, identify their strengths and needs, inform and support care coordination, aid in case planning activities, and inform decisions about placement.
- Level of Care (LOC), a statewide tool used by FCS and Probation as a strengths-based approach for determining foster care rates. The protocol matches the individual care and supervision needs of foster children/youth with the level of support provided or arranged by resource parents.

Juvenile Probation utilizes and/or conducts the following intake and assessment procedures:

- Noble software that conducts the actuarial assessment of criminogenic risks and needs with reporting capabilities that allows Probation to review the criminogenic criteria driving the behavior of youthful offenders within their jurisdiction.
- Adverse Childhood Experiences (ACEs) tool, a ten-question assessment of childhood exposure to abuse (emotional, physical and sexual), neglect (physical and emotional) and family dysfunction (family mental illness, physical abuse of mother, divorce, incarcerated parent and substance abuse in family).
- Detention Risk Assessment Instrument (DRAI) designed to improve public safety through accurate and reliable risk-prediction to determine the most appropriate placement for youth upon arrest.
- Evaluation of Imminent Risk and Reasonable Candidacy, an assessment tool to further clarify issues and refine identified needed services for the youth to remain safely in his/her home. Absent the effectiveness of these services, the plan is to remove the youth from their home for a suitable foster care placement.
- Screening for mental health and developmental disability services are conducted during Dispositional interviews. Once a youth is court ordered to participate in services, Probation completes a referral and directs the youth and family to a service provider.

RCRC utilizes and/or conducts the following intake and assessment procedures as follows:

- An intake referral packet is used to initially screen for suspicion of a developmental disability which includes asking referring agencies to provide supporting evidence of concerns.
- An in-depth intake interview with the family and the intake specialist.
- If there is further supporting evidence that a developmental disability may exist and it originated before the individual attained 18 years of age, can be expected to continue indefinitely, and constitutes a substantial disability for that individual, the intake specialist will refer the individual to a Regional Center contracted Clinical Psychologist for cognitive IQ testing, a formal Autism evaluation, if applicable, and an adaptive functioning assessment.

Mendocino County Mental Health Plan Providers utilize and/or conduct the following intake and assessment procedures:

- Biopsychosocial Assessment (BPSA), a screening tool to determine the medical-necessity needs of referred children/youth, used primarily by partnering agencies providing therapeutic and behavioral services (e.g., BHRS, RQMC, Mendocino County Youth Project, Redwood Community Services, Tapestry Family Services, etc.). BPSA results and other therapeutic services information are shared by these agencies via ongoing agreements and through their attendance at the Multi Agency Children's Coalition (MACC) meetings.
- The CANS (Child and Adolescent Needs and Strengths) is an outcome measurement tool used with beneficiaries 5 to 18 years of age to monitor and inform service delivery levels. A CANS is done with every client as a part of their initial assessment process. A follow up CANS is also done every six months thereafter until the client concludes treatment. A closing CANS is completed at the time of discharge from services. CANS sub-scores and urgent need answers are referenced when clinicians create client plans. Clinicians review CANS results every six months to evaluate a client's progress in treatment. Clinicians discuss these results with clients to help focus treatment interventions as well as plan for treatment transition and termination.

MCOE does not utilize intake and assessment procedures in the screening of children/youth. Instead, MCOE relies on the intake processes and assessment tools of the aforementioned departments to provide collaborative supportive services to the identified children, youth, and families identified by these screenings.

FCS and BHRS partners hereby adopt the CANS as the functional and multi-purpose assessment tool and may be used to assess the well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of individuals, providers, and systems. The assessment process shall begin at the first contact with the parent(s), child/youth when the assigned staff provider begins to elicit the family's story, as individual strengths and needs begin to be identified. It shall continue during the identification and involvement of other potential sources of information and support during the development of the CFT.



The initial CANS assessment shall be created to identify prioritized views of the strengths and needs of the family, including the reconciliation of perspectives within the team when differences occur. This shared understanding shall be used to guide development of an integrated service plan for the family. The intent of the shared standardized CANS assessment process shall be to enhance care coordination, identify strengths and needs of child/youth, family engagement, collaborative decision-making and consensus-building across systems, and provides the opportunity for shared monitoring of child/youth and family outcomes and well-being. The use of a cross-agency CANS process shall be aimed at creating a common language and shared understanding across disciplines, and at facilitating shared decision-making and results in more comprehensive, integrated service plans for CFT members.

#### **D. CHILD AND FAMILY TEAMING AND UNIFIED SERVICE PLANNING**

System Partners will provide a single, unified teaming process for all youth in care. The Placing Agency with legal jurisdiction will begin development of the CFT upon a child/youth's entry into foster care and in accordance with standards outlined in ACL 16-84: REQUIREMENTS & GUIDELINES FOR CREATING AND PROVIDING A CHILD & FAMILY TEAM. System Partners are committed to a teaming approach to engage in initial and ongoing safety and risk assessment, collaboratively work toward permanency planning and serving the wellbeing of children/youth in foster care.

Applicable System Partners will collaborate with the youth's family in the creation of and will participate in the CFT. System Partners will utilize teaming processes such as Wraparound, Intensive Care Coordination (ICC), and Multi-Disciplinary Teams (MDT) in alignment with the Practice Behaviors outlined in the Integrated Core Practice Model, in support of the work of the CFT.

Team composition is guided by family input and their needs and preferences. The CFT shall be comprised of the youth and family and all the ancillary individuals they have agreed to participate on their team who will help and support them toward their successful transition out of foster care. A CFT must always consider including persons with natural supportive relationships with the family, so that the family's support system will continue to exist after formal services are completed. Members of the CFT include, but are not limited to:

- Child/Youth
- Family
- Social Worker and/or Probation Officer
- School staff which may include the Local Education Agency (LEA) representative, MCOE staff, Special Education Local Planning Area (SELPA) staff
- As applicable:
  - Resource Parent(s)
  - Foster Family Agency (FFA) staff
  - Short Term Residential Therapeutic Program (STRTP) staff

- Mental Health provider(s)
- Redwood Coast Regional Center (RCRC) staff
- Court Appointed Special Advocate (CASA)
- Educational/ developmental rights holder
- Indian Child Welfare Advocate
- Other significant individuals identified by the youth and/or family which may include friends, coaches and faith-based connections
- Community-based service providers

Typically, the agency with legal jurisdiction convenes and documents the CFT outcomes in accordance with ACL 17-104: DOCUMENTATION OF CHILD AND FAMILY TEAMS (CFTs) IN THE CHILD WELFARE SERVICES/CASE MANAGEMENT SYSTEM (CWS/CMS). CFTs will be utilized for all youth in foster care and will be held within sixty (60) days of a child/youth's entry into foster care, and at six (6) month intervals thereafter, at a minimum. For a child/youth needing Intensive Services Foster Care placement, CFT meetings are held within sixty (60) days of entry into care, and every ninety (90) days thereafter, while in out of home care. Additional meetings may be scheduled on an as needed basis for purposes including, but not limited to: safety planning, case planning and service delivery progress, presumptive transfer, placement stabilization or placement changes, changes in visitation, as well as to support transition points during a case.

The agency with legal jurisdiction assigns a case manager, either social worker or probation officer, to monitor the teaming so that foster children/youth do not have multiple teams, and so that the teaming efforts are part of a greater collaboration between partners. Any member of a CFT can request a meeting. The agency with legal jurisdiction identifies support staff who arrange for the CFT to meet and send out notifications to CFT participants, with as much notice as possible based on the circumstances and purpose of the meeting.

The roles and motives within team membership are transparent and clear to all. Members of the team are able to differentiate personal values and preferences from role responsibility so that the family members can lead the effort. Team members support the following principles:

- Team meeting schedules and locations are guided by the family's needs and preferences.
- Team meetings have a clearly defined purpose, goal, and agenda for each meeting.
- All team members participate in the development and decisions about implementation and revision of the plan. When planning within constraints of court orders, or sanctions/violations, the team continues to honor family members' culture and preferences as they consider options for compliance.
- The strengths of all team members are identified and serve as resources to the plan, which includes the strengths of the professional team members.
- Specific action steps to be carried out by team members are clearly defined within a timeframe and tracked.

FFA partners can also convene and facilitate a CFT meeting in coordination with the agency with legal jurisdiction in cases where that would better meet the needs of the CFT. Additionally, for children/youth in STRTPs or other treatment programs, the treatment facility may host the meeting, collaborating with the CFT in that process.

The CFT meetings shall be distinguished as the primary way the team shares responsibility for assessing, creating, monitoring and adjusting case plans, coordinating care, and delivering services. The CFT meetings shall serve as an efficient way to support close communication and integrated activity within the team. Who participates in a CFT meeting may vary depending on the stage of team formation, the phase of service delivery, the focus of the meeting agenda, or what supports and resources are required at a given moment in time. Whether or not every team member physically participates at a meeting, it is critical that all team members are provided the information they need to fulfill their role on the team. System Partners agree to participate in CFTs in accordance with state mandates, the intent of AB 2083 and within the framework of the Integrated Core Practice Model.

#### **E. ALIGNMENT AND COORDINATION OF TRANSPORTATION AND OTHER FOSTER YOUTH SERVICES**

System Partners recognize the community's children and youth who struggle with complex challenges and needs typically receive, or are eligible to receive, many services from multiple agencies. System Partners also recognize the integration and coordination of these services makes it possible for each service agency to maximize its resources to serve children, youth, and families with greater efficiencies through the integration and collaboration of care coordination. Therefore, System Partners agree to:

- Work together as equal partners when engaging services to these children and youth to better coordinate these services and, thus, minimize confusion for families, maximize resources, and achieve desired outcomes.
- Coordinate and integrate community partners and contractors with requirements to work collaboratively to align timelines for all aspects of care, from screening and assessment to service delivery.

Alignment and coordination of services shall be the primary objective of all levels of the shared decision-making process in the coordination of service delivery. This objective shall be included in the collaborative interagency meetings such as Multi Agency Children's Coalition (MACC), CFT and MDT and include a review of the following service activities:

- 1) Assessment
  - a) Assessing the specific needs and strengths of children, youth, and families
  - b) Assessing the adequacy and availability of resources
  - c) Reviewing information from family and other sources

- d) Evaluating the effectiveness of previous interventions and activities, if any
- 2) Service Planning and Implementation
  - a) Developing an integrated plan with specific, measurable, attainable, relevant, and time-specific (SMART) goal(s)
  - b) Ensuring the active participation of the child/youth/family and individuals involved and clarifying the roles of the individuals involved
  - c) Identifying services and community supports that the child/youth and their family require to address the challenges they face as a result of their needs
  - d) Avoiding duplicative services that conflict with or add to service expectations
  - e) Identifying which System Partner(s) and/or other community-based agencies can provide the services and community supports to address the needs of the child/youth and their family
  - f) Developing a case/care plan that considers the child/youth and family's voice and choice, and provides them with realistic supports to address their needs in a timely and appropriate manner
- 3) Monitoring and Adapting
  - a) Monitoring to ensure access to needed services
  - b) Monitoring that identified services and activities are supporting the child/youth/family in meeting their and the CFT's goals and outcomes
  - c) Adapting the services and activities as needed within statutory timelines, until the child/youth/family's goals are met, the CFT's mission is achieved and formal services are no longer needed
- 4) Transition
  - a) Discussing resources needed for purposeful transition out of formal services
  - b) Developing a transition plan for the child/youth and family to foster long-term stability including the effective use of natural supports and community resources

Applicable System Partners have an established Memorandum of Understanding under federal law, Every Student Succeeds Act (ESSA), which outlines the procedures governing the transportation requirements that both Local Education Agencies and county agencies must provide to ensure education stability for foster children/youth.

Adherence by System Partners to these activities will create collaborative service alignment with coordination of a care-planning process implemented and supported with fidelity to the Integrated Core Practice Model and other team-based system planning processes.

Draft and/or revised MOUs that address the delivery of service and programs managed by System Partners shall be reviewed by the ILT prior to adoption. Current MOUs



managed by System Partners are listed in Attachment 1. The list on Attachment 1 may be updated as needed without the need for amending this MOU.

## **F. INTEGRATED CORE PRACTICE MODEL**

This MOU includes a mutual commitment to and use of the ***California Integrated Core Practice Model for Children, Youth and Families (ICPM)***.

System Partners are committed to the continuous cross training of participating agencies to ensure that all agencies involved in providing services to Mendocino County children, youth, and families understand the values, principles, and standards of practice set forth by the ICPM.

System Partner policies and practices incorporate the specific ICPM expectations for practice behaviors for staff in direct service as well as those who serve in supervisory and leadership roles as they work together in integrated teams to assure effective service delivery for children, youth, and families.

System Partners understand the role of their team members to support the implementation of ICPM principles. This understanding requires team members to share the power and responsibility for decision-making with others when working toward common goals, seeking mutual understanding of perspectives based on shared respect between members, recognizing and appreciating the importance of divergent opinions in finding effective and individually customized solutions to complex problems.

The ILT supports a cross training plan that supports and continuously improves service delivery by providing guidance and recommendations about both the content and process of training that advances collaboration among System Partners, affiliated agencies and organizations, families, tribes, and related support networks.

## **G. RESOURCE FAMILIES AND THERAPEUTIC FOSTER CARE SERVICES**

System Partners recognize the importance of recruitment, retention and support of Resource Family Homes. Such support shall include short-term and long-term, intensive, highly coordinated, trauma-informed, and individualized intervention, provided by a resource family to a child or youth who has complex emotional and behavioral needs such as services provided under the Therapeutic Foster Care program. It shall also include stabilization services to support children and youth in the placement environment. Training and support of resource families may include, but is not limited to, the provision of the following:

- State required initial and ongoing training
- In home support for caregivers including: behavioral supports for difficult behaviors, coaching on positive parenting strategies and cultural coaches, if available, for creating understanding of cultural norms
- Team-based communication- ensuring resource families understand they are part of a Child and Family Team, who they can reach out to and what

additional services may be available to them and/or foster children in their care

- Regular contact between the Placing Agency, Foster Family Agency if applicable, and resource families
- Child care for eligible resource families and foster children
- Respite care

While Family and Children's Services and Juvenile Probation have primary responsibility for recruitment, retention and support of resource families, other System Partners and community-based agencies have fundamental services and supports that meet the health, mental health, developmental and education needs of foster youth in Mendocino County. Therefore, System Partners agree to collaborative efforts among System Partners and with other community-based agencies including, but not limited to, Foster Family Agencies, tribal programs, local education agencies and Court Appointed Special Advocates, for recruiting, retaining and supporting family-based caregivers to provide safe, permanent and healthy out-of-home placements when necessary and deliver high quality, trauma-informed care to children, youth, and their families. System Partners also agree to work together to identify and resolve barriers and determine the strategies to ensure successful recruitment, retention and support of resource families to provide Intensive Services Foster Care (ISFC) and Therapeutic Foster Care (TFC) to care for children and youth with complex needs.

## **H. INFORMATION AND DATA SHARING**

System Partners agree, to the fullest extent allowed by federal and state laws, to share necessary and relevant client specific information and program data in order to conduct, evaluate, and improve treatment and care coordination systems to ensure that the highest quality care is available to children, youth, families and caregivers.

To the extent permitted under federal and state laws, members of the ILT may share confidential information if the member of the team having that information or writing reasonably believes it is generally relevant to the identification, reduction, or elimination of barriers to services for, or to placement of, children and youth in foster care or to improve the provision of services or placements. Nothing in this MOU shall permit disclosure of such information or data unless consistent with federal and state law.

Any information or writing disclosed shall be confidential and shall not be open to public inspection, unless the information or writing is aggregated and de-identified in a manner that prevents the identification of an individual who is a subject of that information or writing. Any discussion concerning the disclosed or exchanged information or writing during an ILT team meeting shall be confidential and shall not be open to public inspection.

System Partners shall maintain current valid client authorizations to permit sharing of information between agencies and programs. The use of a single, uniform Release of Information (ROI) form(s) for all members of the System Partners shall be implemented

where feasible and permitted by law, for use with children, youth, and families. Legal counsel for the System Partners shall review and approve uniform Release of Information (ROI) form(s) prior to the approval and adoption by the ILT.

Sharing of any client specific information and identifiable program data shall be done in accordance with applicable federal and state laws, and County rules, policies, and codes effective at the inception of this MOU and that become effective during the term of this MOU. Some applicable federal and state laws and regulations include but are not limited to:

#### Health Care Records

- 45 Code of Federal Regulations §§164.500 et. seq. Health Insurance Portability and Accountability Act - HIPAA
- Ca Civil Code §§56.10 et. seq. Confidentiality of Medical Information Act – CMIA
- Ca Welfare and Institutions Code §§5328 et. seq.
- Ca Health and Safety Code §§12300 et. seq.

#### Social Services Records (which includes Juvenile Probation foster care records)

- Ca Welfare and Institutions Code §827; §10850; §18986.46
- Ca Department of Social Services Manual of Policies and Procedures: Confidentiality, Fraud, Civil Rights and State Hearings Chapter 19
- Mendocino County Superior Court Local Rule 5.8

#### Regional Center Records

- Ca Welfare and Institutions Code §4514

#### Educational Records

- 20 U.S.Code §1232g; 34 Code of Federal Regulations Part 99 Family Educational Rights and Privacy Act – FERPA

A separate guide will be developed for easy reference regarding sharing of information among System Partners.

## **I. STAFF RECRUITMENT, TRAINING AND COACHING**

System Partners acknowledge the value of recruiting and maintaining highly trained and competent staff teams. In order to assure that social workers, probation officers, service coordinators, school personnel, therapists, doctors, clinicians, and support and administrative staff are fully prepared to deliver the seamless and integrated services as outlined in this agreement, System Partners agree to coordinate the training and coaching of staff. Cross collaboration trainings shall occur annually, at a minimum, as determined by ILT at the first quarterly meeting of the calendar year.

System Partners are committed to working collaboratively across county agencies to provide trauma-informed care to consistently improve outcomes for children, youth and

families. The ILT recognizes the wide-spread evidence that services are more effective and efficient when practitioners and family members collaborate as a child and family team, with the meaningful participation of the family in formulating objectives and planning services to accomplish implementation of their goals. The integration of training topics and audiences among multiple sectors support consistent practice standards and values, and mutual goals for improving short- and long-term outcomes for individuals and families. The integrated cross training approach supports:

- Shared understanding of California's Integrated Core Practice Model including the values, principles, key components, practice standards, and behaviors;
- Creation of opportunities to learn shared practice skills and behaviors and receive feedback in a safe training environment;
- Shared understanding of the mandates and regulatory context of System Partners responsibilities;
- Opportunity to build cross-system relationships;
- Collaborative skills and values.

System Partner staff trainings may be conducted in a manner including, but not limited to, traditional classroom-based sessions, web-based sessions, and coaching and mentorship.

## **J. FINANCIAL RESOURCES MANAGEMENT**

System Partners recognize that each agency is bound by statutes and regulations to fund services for children/youth accessing their agency's resources. When service provision for these children/youth and their families becomes more complex and involves multiple local agencies, cost sharing and the management of financial responsibility can present barriers. These barriers typically create delays in services and breakdowns in timely, appropriate, and necessary supports and interventions for children/youth and their families.

Ensuring that each System Partner has an accurate interpretation and understanding of the regulations and statutes that determine financial responsibility, System Partners can achieve the shared goal of reducing, and unifying current systems that serve children/youth and families. A child/youth-family centered approach to planning and openness to creative and flexible financial solutions will help System Partners avoid the exchange of misinformation and support a streamlined implementation process for services and supports for children/youth and their families.

Notwithstanding the categorical nature of each System Partner's revenues, ILT members are committed to understanding the available funding resources and the limitations of each resource and its use as part of braided funding. The ILT will continually review available funding resources, State and Federal revenues including on-going funding, one-time funding opportunities, revenue enhancements, Requests for Proposals (RFP) and grant opportunities available across System Partner agencies that can be utilized to serve children, youth and families, with a shared



commitment to leverage existing resources for programs and services for children, youth and families.

Any ILT member may request an urgent ILT meeting to review system or case specific issues that require collaboration by the ILT to discuss and resolve, if the issue cannot wait until the next scheduled meeting. The ILT shall not impose duties, services or financial obligations upon any System Partner beyond those mandated by law.

## **K. DISPUTE RESOLUTION**

The ILT utilizes a shared decision making process to address governance and policy disputes identified by System Partners. The ILT recognizes that challenges and disagreements, based in conflicting policy, guidance, or in differing opinions as to what services are needed in a particular case, will arise. The ILT will attempt in good faith to resolve any dispute or disagreement arising out of this MOU. The ILT shall not impose duties, services or financial obligations upon any System Partner beyond those mandated by law.

For case-specific disputes, the ILT shall refer to the applicable dispute resolution procedures documented in statute, policy and/or MOU:

- Foster Care Placement determinations: Juvenile Dependency/Delinquency Court, Special Education Local Planning Area (SELPA) – Alternative Dispute Resolution, Interagency Placement Committee (ACL 17-122) and Education and Regional Center dispute resolution processes noted below;
- Educational Placements: California Assembly Bill 490 and Foster Youth Transportation MOU; SELPA – Alternative Dispute Resolution;
- Regional Center: Lanterman Act Interagency Dispute Resolution – Welfare and Institutions Code §§4659.5 – 4659.8;
- Behavioral Health: Specialty Mental Health Provider Appeal – 9 California Code of Regulations §1850.310; Access Standards/Second Opinion – 9 California Code of Regulations §1810.405;
- Family & Children’s Services/Probation – joinder procedure: Welfare and Institutions Code §362 and §727

See Attachment 1 for a list of relevant MOUs and applicable dispute resolution procedures. In all cases, the applicable dispute resolution procedures shall be exhausted prior to referral to the Joint Interagency State Resolution Team.

System Partners shall continue to conduct all other business required by this MOU while an issue is being resolved by the ILT or the Joint Interagency State Resolution Team.

## **VI. MUTUAL HOLD HARMLESS PROVISION**

Each of the System Partner agencies signing this MOU ("Signatories") agree that each will be responsible for its own acts and omissions, be responsible for the acts and

omissions of its employees, officers, and officials ("Employees"), and shall not be responsible for the acts or omissions of the other Signatories or the other Signatory's Employees. These obligations relate to any and all claims, lawsuits, actions, or special proceedings, whether judicial or administrative in nature, and include any loss, liability, or expense, including reasonable attorney's fees, relating to this MOU ("Claims"). Each Signatory agrees to defend, indemnify, and hold harmless the other Signatory's and their Employees against any such Claim ("Right of Indemnity").


Where a Signatory or its Employee is named as a party to a Claim, the Signatory agrees, on behalf of itself and its insurers or other insurer-like entities, not to cross complain or otherwise seek subrogation, indemnity or contribution against the other Signatory or their Employees, except to the extent agreed to herein. If an insurer or other insurer-like entity takes any action in contravention of this provision, such action will not form the basis for a Right of Indemnity between the Signatories.

This Memorandum was approved and signed by:

**Mendocino County Probation Department**

<u>Izen Locatelli</u>	<u>Chief Probation Officer</u>	<u></u>	<u>4/21/21</u>
Name	Title	Signature	Date


**Mendocino County Social Services**

<u>Bekkie Emery</u>	<u>Social Services Director</u>	<u></u>	<u>April 21, 2021</u>
Name	Title	Signature	Date

**Mendocino County Family and Children's Services**

<u>Jena Conner</u>	<u>FCS Deputy Director</u>	<u></u>	<u>4/21/21</u>
Name	Title	Signature	Date

**Mendocino County Behavioral Health and Recovery Services**

<u>Jenine Miller</u>	<u>BHRS Director</u>	<u></u>	<u>4-21-21</u>
Name	Title	Signature	Date

**Mendocino County Office of Education**

<u>Michelle Hutchins</u>	<u>Superintendent</u>	<u>Michelle Hutchins</u>	<u>Digitally signed by Michelle Hutchins Date: 2021.04.22 12:04:21 -07'00'</u>
Name	Title	Signature	Date

**Redwood Regional Coast Center**

<u>Mary Block</u>	<u>Director of Client Services</u>	<u></u>	<u>4/22/21</u>
Name	Title	Signature	Date

**Memoranda of Understanding**

MEMORANDUM OF UNDERSTANDING: Foster Youth Services Coordinating Program: Title IV-E Foster Care Administrative Activities: between Mendocino County Health and Human Services Agency- Family and Children's Services and Mendocino County Office of Education.  
Term: July 1, 2020 - June 30, 2022  
Mendocino County Board of Supervisors Agreement #20-142

INTERAGENCY AGREEMENT: Transportation Plan to Ensure School Stability for Students in Foster Care: between Mendocino County Office of Education, Mendocino County Health and Human Services Agency Family and Children's Services, Mendocino County Juvenile Probation, and Mendocino County Schools.  
Term: October 16, 2019 - June 30, 2021  
Social Services Agreement #SS-19-073

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

By: See Page 18  
DEPARTMENT HEAD

Date: \_\_\_\_\_


Budgeted: N/A  
Budget Unit: N/A  
Line Item: N/A  
Org/Object Code: N/A  
Grant: N/A

**CONTRACTOR/COMPANY NAME**

By: See Page 18  
SIGNATURE

Date: \_\_\_\_\_

**INSURANCE REVIEW:**


By:   
Risk Management

**04/19/2021**

Date: \_\_\_\_\_

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By:   
Deputy CEO


**04/19/2021**

Date: \_\_\_\_\_

**COUNTY COUNSEL REVIEW:**

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,  
County Counsel

By:   
Deputy

Date: **04/19/2021**

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Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed  N/A  
Mendocino County Business License: Valid   
Exempt Pursuant to MCC Section: Government Agencies

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