California Alliance
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August 17, 2023

Chris Pettee
System of Care Branch
Submitted via email to: Chris.Pettee@dss.ca.gov

RE: California Children, Youth, and Families Integrated Core Practice Model and the California Integrated Training Guide

Dear CDSS,

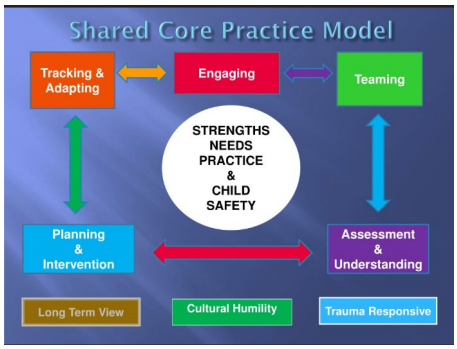
On behalf of the California Alliance of Child and Family Services (CA Alliance), we respectfully provide feedback on the California Children, Youth, and Families Integrated Core Practice Model (ICPM) and the California Integrated Training Guide. The CA Alliance proudly represents 160 nonprofit community-based organizations that provide crucial services to children, youth, and families through foster care, residential, behavioral health, education, prevention, and juvenile justice programs. Our members work at the intersection of numerous systems and therefore have experience with the goals and intention of the Integrated Core Practice Model. Further, our members have been deeply involved in the process to develop and revise these materials. Based on this work, we offer the following feedback regarding the updated model and training guide.

California's Integrated Core Practice Model for Children, Youth and Families

General Feedback and Observations

Overall, we greatly appreciate the Department's efforts to revise the model and related documents and the intention behind these updates. The revisions are comprehensive and reflect our field's increased focus on a trauma-informed approach, an anti-racism lens, working with individuals with developmental disabilities and centering lived experience to guide training and practice. Racism has shaped the child- and family-serving systems included in the ICPM, and we appreciate the acknowledgement of the role it continues to play in the field. Upon review of the updated model, we also found ample room to further include LGBTQ+ youth and identity-affirming care in the model. Our comments below include several opportunities to integrate the recent updates to LGBTQ+ youth's rights into the revised materials.

In addition to the specific comments and recommendations included in this letter, we urge the Department to make the model more user-friendly by synthesizing and simplifying the content wherever possible. Our providers report that the guide feels overcomplicated due to its length and the complex content. We recommend developing materials such as infographics, pamphlets, one-page summaries, videos, and other media to increase the model's usefulness. An infographic, like the sample below, can help stakeholders understand the various elements of the model and how they interact.



Another observation about the model is that it often feels aspirational for those in the field. While the theoretical framework presented is admirable, there must be additional support for implementation to ensure fidelity on a local level. Our providers report great variability from county to county and even from staff member to staff member as to familiarity with and application of the model. There is much work to be done at establishing processes for calling people in (at all levels of our system of care) to conversations about ways to better integrate our work and collaborate across systems.

Lastly, for future revisions to the model and training guide, it may be most effective to share a version of the documents for stakeholder feedback with the specific changes highlighted to make more obvious where the changes have occurred. Another option is to provide a crosswalk that highlights the specific revisions for people to have easier access to these improvements. These changes will make the review process more accessible to providers, youth, and families.

What's Different about Integrated Core Practice Model 2023? (pg. 2)

The model should include the recently updated requirements around serving LGBTQ+ youth. In this section, we recommend adding: "Added content on practice and policies regarding the well-being of LGBTQ+ youth" as a new feature of the model. The updated requirements that should be included in the model are as follows:

- **AB 731:** Ensures that children are placed according to their gender identity and not their sex assigned at birth.
- **AB 2119:** Establishes that LGBTQ+ children have the right to see medical and mental health practitioners who have expertise and experience working with LGBTQ+ children and youth.
- **2021 Foster Youth Bill of Rights:**
    - To participate in extracurricular, cultural, racial, ethnic, personal enrichment, and social activities, including, but not limited to, access to computer technology and the internet, consistent with the child's age, maturity, developmental level, sexual orientation, and gender identity and expression.
    - To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity and expression, mental or physical disability, or HIV status.
    - To have caregivers, child welfare and probation personnel, and legal counsel who have received instruction on cultural competency and sensitivity relating to sexual orientation,

gender identity and expression, and best practices for providing adequate care to lesbian, gay, bisexual, and transgender children in out-of-home care.

- To be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court, child welfare, medical, or vital records, to be referred to by the child's preferred name and gender pronoun, and to maintain privacy regarding sexual orientation and gender identity and expression, unless the child permits the information to be disclosed or disclosure is required to protect their health and safety, or disclosure is compelled by law or a court order.

Neurobiology and Neurodiversity (pgs. 10-11)

We appreciate the inclusion of neuroscience in the ICPM. This section could be strengthened by simplifying some of the language to make it more reader-friendly to those without a background in neuroscience. Along with the focus on neurobiology, we recommend the inclusion of youth and families living with neurodiversity in the document. The pervasive over-representation of individuals with ADHD, Autism Spectrum, and other similar needs is very present in our child-serving systems because many of the behavioral presentations are externalizing. This could be added in the inclusion and equity sections.

California's #FosterStability (pgs. 11-12)

Under "A Place to Call Home," we suggest adding "Affirming resource families and STRTP environment and practices."

Children and Youth System of Care Practice Model Values and Principles (pgs. 13-15)

We believe the following values better capture the intention of the model:

- "Family Driven and Youth Guided" to "Family and Youth Driven"
- "Community Based" to "Community Based and Least Restrictive"
- "Culturally, Linguistically Competent" to "Culturally, Linguistically, and Equity Responsive"

We also recommend including specific values and principles around SOGIE or LGBTQ+ youth well-being, for example under "Individualized," there should be an explanation of what this means for LGBTQ+ youth.

Working Within a Team and Across the Children and Youth System of Care (pgs. 17-18)

It would be helpful to include a section with guidance on how to navigate CFT and CFTM with LGBTQ+ youth in terms of confidentiality, support, affirmation, etc.

Assessment and Child and Adolescent Needs and Strengths (pgs. 21-22)

We recommend including a section on how to support LGBTQ+ youth and affirm their identities throughout the whole process from assessment to placement to permanency efforts. The Child and Adolescent Needs and Strengths section should mention that the CANS has a module on SOGIE.

Engagement and Teaming (pg. 24-27)

Under "Be open, honest, clear, and respectful in your communication to and about parents, youth, and children," we recommend the following changes to include guidance on considering a youth's SOGIE:

6. Ask children and youth about their SOGIE and whether they are "out" to their families. Mitigate confidentiality matters, paying particular attention to the child's well-being in regards to their SOGIE and affirm their identities.
7. If children must be removed from their family of origin's home, ask parents and tribal representatives as applicable, who they recommend care for their child on an emergency basis or for longer placement. Be transparent that services to make and finalize a permanent placement for the child will be provided concurrently with services to reunify the family just in case efforts to reunify are not successful. If a child is LGBTQ+, ensure that the new placement is affirming of the child's SOGIE.

Under "Help the parent and youth describe their vision of a better life," we recommend adding:

11. Consider the child's SOGIE and whether the family/parents/caregivers are affirming. If not, determine their capacity to become more supportive and identify supports for the family to be able to work through their feelings in regards to their child's SOGIE.

Under "Work with parents, youth, tribe, and community to build a supportive team," we recommend adding:

8. Support and affirm the youth's SOGIE, making sure to keep the child's SOGIE confidential if they have not told their family.

Under "Identify and engage family members, tribes, and others who are important to the child, youth, and parents," we recommend adding:

4. For LGBTQ+ youth, ensure that family members be affirming of the youth's SOGIE.

Assessment (pgs. 27-29)

Under "Participate in a comprehensive, integrated assessment process that helps the family members to identify their own needs and strengths," we recommend adding:

3. Inquire about youth's SOGIE away from their families and affirm their identities. Identify what supports the LGBTQ+ child needs and wants around their SOGIE. Ensure the youth's is not pathologized because of behaviors directly related to their SOGIE and possible gender dysphoria (i.e., Suicidal, self-harming behaviors, hygiene, eating disorders etc.).

Transition Planning (pgs. 30-31)

There are several areas that could be expanded upon to highlight the full range of transitions that require support. We suggest more emphasis on:

- **Transition planning from the onset of services**: Transition planning is not a terminating stage of service delivery. It should be a paramount goal from the engagement phase, and providers should be constantly looking at the needs and resources to transfer skills and success back to the youth and family, and close gaps where they may exist.
- **Focus on incorporation of natural team members into the planning and transition plan phases**: The description, as currently written, is focused on the transition of formal structures (within

the treatment team or placement transitions). An important revision here is the addition of a section on transitions into less restrictive environments and the role of families in these transitions.

Leadership Behaviors for County, Regional Center, and Local Education Agency Leadership (pgs. 31-35)

Under "Engagement," we recommend amending the language to read: "Call individuals by their preferred name and use the pronouns they ~~prefer~~ identify with. Avoid referring to people by the group they represent."

We recommend the following addition to the "Create and ensure a learning-centered environment" section:

h. Ensure that staff understand SOGIE well and are affirming of all the different identities LGBTQ+ youth embody.

Under "Focus on strengths and assets," we suggest adding:

c. Ensure that the well-being of LGBTQ+ youth are taken into consideration and their SOGIE is affirmed.

This section could also be strengthened by a short overview of best practices on collaboration between community-based providers and education partners. Community-based providers report that in some cases, school teams and wraparound teams struggle to learn how to work together because there is not an agreed upon approach to how they complement each other and how they can collaborate. The ICPM can provide a great starting point for this collaboration.

California's Integrated Training Guide

General Feedback and Observations

We appreciate the updates that have been made to the Integrated Training Guide, especially the focus on those with lived experience and the need for cultural/community-based decision-making and training. We recommend emphasizing that families should join training efforts when possible and have opportunities to be treated as leaders in training spaces. We found the Training Guide could also be strengthened by a more explicit focus on preparing professionals to support the Sexual Orientation, Gender Identity and Expression of youth they work with. The suggestions below highlight specific areas where this focus could be added.

Purpose (pg. 2)

We recommend adding an additional item to this section to align the guide with the ICPM: "(5) honor the Sexual Orientation, Gender Identity and Expression (SOGIE) of all children."

Guiding Principles (pgs. 3-4)

After the description of anti-racism, we suggested adding: "*SOGIE-informed*: Ensuring that LGBTQ+ children and youth's sexual orientations, gender identities and expressions are taken into consideration, respected and affirmed."

Recruitment and Support of Training Staff (pg. 8)

At the end of the second paragraph, we recommend adding: "Ensure that practitioners training on the most recent SOGIE knowledge and practices for the well-being of LGBTQ+ children, youth and their families."

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Tier 1 – Foundations: Building a Common Framework (pg. 14-15)

Under "Collaboration Across Systems," we recommend adding: "The well-being of LGBTQ+ youth and understanding of SOGIE."

Competencies for Engagement with Diverse Populations (pgs. 19-20)

While we appreciate the inclusion of many groups, including tribes and LGBTQ communities, this section is incomplete without BIPOC children and families. It should also be noted that LGBTQ Competencies and Best Practices training should not be "encouraged," but rather "required," as it is mandated by the state of California that all professionals working with children receive training on SOGIE and best practice working with LGBTQ+ youth (see Foster Youth Bill of Rights).

Training Implementation Teams (pgs. 6-7)

Under the list of professional associations relevant to the System of Care, we urge the Department to include the Alliance along with other associations of community-based nonprofits. The organizations we represent are key, central partners in the System of Care and have a deep understanding of training needs and requirements. Further, some counties contract with community-based nonprofits to provide Title IV-E-funded training to expand opportunities for their staff, parents, and partners, and to diversify training offerings. This practice should be encouraged in order to increase collaboration among the System of Care agencies.

We recommend including private community-based organizations in the Statewide Training Coordination Taskforce, as many Alliance member agencies have training expertise specific to the ICPM.

In conclusion, we applaud the direction the model and training guide are moving in, and provide these suggestions to help further align the materials with the intention of this work. We appreciate the Department's work to revise the ICPM, and appreciate the focus on feedback from youth, families, and providers. For more information or questions, please contact Paige Clark at pclark@cacfs.org.

Sincerely,

Paige Clark
Policy Advocate