

Children and Youth System of Care Memorandum of Understanding

Fresno County Department of Social Services;
Fresno County Department of Behavioral Health;
Fresno County Probation Department;
Fresno County Department of Public Health;
Central Valley Regional Center;
Fresno County Superintendent of Schools;



VISION

Fresno County youth and their families will receive timely, effective, and collaborative services that will allow them to be self-sufficient and keep themselves safe, healthy, at home, in school and/or employed, out of trouble, and economically stable.

MISSION

System partners, bound by this MOU, will work collaboratively to ensure their programs for youth and families provide services in an integrated, comprehensive, culturally responsive, evidence-based/best-practice manner, regardless of the agency door by which youth and families enter. System partners refers collectively to the public agencies, Tribal Governments, and organizations that collaborate within Fresno County's Children and Youth System of Care (CYSOC) to serve children, youth, and families. This includes the signatories to this Memorandum of Understanding (MOU), as well as additional participating entities represented within the Interagency Leadership Team (ILT), Executive Advisory Committee (EAC), or other established workgroups supporting the System of Care. This mission includes an awareness of, and a commitment to, incorporate foster youth experience and voice into county level collaborations and partnerships that manage or oversee the delivery of services affecting youth in foster care.

PURPOSE

The goal of this MOU is to address systemic barriers to the traditional provision of interagency services. System partners' intent is to maintain an administrative team with collaborative responsibility for the interrelated child welfare, juvenile justice, Regional Center, education, and mental health youth services. This MOU seeks to ensure that the system partner's programs and policies reflect a coordinated, integrated and effective service delivery system for youth and families.

System partners have been designated by their respective governing bodies to provide oversight and accountability for 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 inter-agency leadership is essential to successful collaboration on behalf of youth and families.

The agencies 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. However, the signatories' intent is to fully support the structure and processes contained in this MOU, and to provide the framework that will guide their operations and the activities, decisions, and direction of each of their employees regarding youth and family programming. Accordingly, this MOU should be interpreted in light of this intent and purpose.

This MOU also supports and promotes related agreements and practice approaches used by members jointly delivering services to children and families. Related MOUs and practice approaches are referenced throughout this document. The terms "children" and "family" will refer broadly to young people aged 0 through 21 and their caregivers.

PRINCIPLES

The guiding principles of this collaboration are:

- To pursue authentic Whole Child/Whole Family services through consistent and trust-based sharing of organizational and personal power.
- To promote and provide services, which encourages families to use their own resources to resolve problems. Services and supports are outcome-focused, family-centered, strength-based, trauma-informed, culturally relevant, sexual orientation and gender inclusive, comprehensive, inclusive, and integrated to the extent possible.
- To identify, develop, and maintain service systems consistent with public/private, community-based, school-linked and family partnership, which can intervene early or prevent problems with at-risk youth and families.
- To provide services to youth and families in the least restrictive, least stigmatizing manner, and in community-based settings, appropriate to meet their identified needs.
- To identify, develop, and monitor coordinated policies, procedures, resources and implementation practices for the benefit of at-risk youth and families in Fresno County; and to hold member agencies and their staffs accountable in these efforts.
- To promote and maintain quality services that are family-driven, cost effective, evidence-

- based and appropriate with coordination and collaboration to the extent allowed by law.
- To provide on-going support and direction to each agency and Tribal Government, and their respective staff in providing services and resources for at-risk youth and families consistent with the Purpose and Principles, as defined herein.
 - To ensure the voices, experiences, and wisdom of foster youth, their families and caregivers, and Tribal elders are incorporated into the collaborations and partnerships captured by this MOU.
 - To ensure the appropriate utilization of treatment and rehabilitation services for youth and families in conjunction with appropriate court sanctions, while ensuring the safety of the community and public-at-large.
 - To promote coordinated data collection, prioritized data exchange between the courts and partners to minimize delays in service delivery, filing of documents, including electronic filing between the courts, social services agencies, and other key partners and data tracking that permits them to measure their performance.

Members partner with the following groups and initiatives within the CYSOC to maximize collective impact and collaborate on efforts:

- Fresno County Comprehensive Prevention Plan Committee
- Fresno County Behavioral Health Board and its subcommittees
- Juvenile Justice Commission
- County Superintendents of Schools Committee
- Court Appointed Special Advocates (CASA)
- Fresno Council on Child Abuse Prevention (FCCAP)
- Health Care Plans/Managed Care Organizations

There will be an effort to utilize standing committees and workgroups from these and other systemwide efforts to serve as forums for dissemination of information both upward and downward, and in some cases laterally. These committees/groups may have a standing or ad hoc position on the ILT and/or EAC agenda(s).

PART ONE – INTERAGENCY LEADERSHIP TEAM

Three closely connected leadership teams and associated processes are in place in Fresno, which together form a backbone to support the whole child/no wrong door efforts. The structure is comprised of an Interagency Leadership Team, an Executive Advisory Committee and a CYSOC Steering Committee.

The Interagency Leadership Team (ILT) serves as the governing and coordinating body of this collaborative, with the overarching goal to function as a governing body to ensure that coordinated, timely, and trauma-informed services are provided to children and youth in or at risk of entry to foster care. The ILT both establishes the MOU and oversees the execution of the MOU, to meet the overarching goals of a coordinated system of care for foster children, youth, and families through sharing information, guiding staff, identifying and resolving conflicts, and leveraging resources to ensure foster children, youth, and their families receive the services they need to achieve safety, permanency, and well-being.

- A. Members – The ILT will consist of the following individuals, or their respective designees:
- Director of Social Services

- Director of Behavioral Health
- Director of Public Health
- Chief Probation Officer
- Fresno County Superintendent of Schools
- Executive Director Central Valley Regional Center
- Presiding Juvenile Judge or Designee (Non-Signatory)

In addition to the ILT members, designated other experienced senior managers or staff from the system partners, or other involved agencies may also attend ILT meetings as regular and contributing participants, although not as signatories or voting members. Key system partners may include but are not limited to Big Sandy Rancheria, First Five Commission, Health Care Plans/Managed Care Organizations administering CalAIM services, youth and caregiver representation, etc.

In recognition of Tribal sovereignty and in accordance with AB 3176, AB 2083, and related guidance, the ILT will actively engage with Tribal Governments, including Big Sandy Rancheria, as invited participants in leadership discussions whenever tribal youth and families may be impacted. Tribal partners shall be consulted in the development and implementation of system policies, practices, and Memoranda of Understanding to ensure culturally appropriate, trauma-informed services. Participation of Tribal representatives in the ILT is intended to strengthen coordination, reduce service barriers, and affirm the equal partnership of Tribal Governments in decision-making for tribally involved youth.

ILT Governance Procedures

- A. **Forum** – ILT meetings take place in person or via remote engagement, at a pre identified time that is agreed upon by all partners.
- B. **Frequency** – The ILT shall meet on a quarterly basis to review the progress and status of the Executive Advisory Committee and its related work, to discuss current processes, and identify gaps and barriers. Additional ILT meetings may be scheduled at the consensus direction of the ILT members.
- C. **ILT Functions:** The ILT shall select co-chairs who will lead the ILT meetings and process for a one-year period. The Chair will serve as the designated communication authority when working with requests and correspondence. Each spring, the ILT will rotate co-chairing responsibilities among partner agencies.
 1. ILT members will share responsibility for the necessary Operations and Administration of the System of Care. These duties may also be rotated every other year, to ensure consistency and support for the complex tasks inherent within the role. These duties include capturing agenda and minutes, communicating across the system partner landscape, and supporting related System of Care events.
 2. A shared accessible electronic folder has been created, where all System of Care documents are housed.
 3. Meeting minutes shall be recorded and shared with the participating members and their requested designees.
 4. ILT members will utilize a shared decision-making process for program and service issues and concerns identified by the system partners.

Executive Advisory Committee (EAC)

Each system partner has designated senior managers or other appropriate staff to participate in monthly EAC meetings, where the developmental and adaptive improvements toward whole child and No Wrong Door care can be pursued. Each EAC meeting typically last 90 minutes, wherein members will:

- A. Receive reports from the Interagency Placement Committee on a quarterly basis and consider where gaps and needs across the system can be addressed.
- B. Receive reports from key community providers on program issues, problems, and outcomes.
- C. Receive and discuss quarterly reports from the county's Health Care Plans/Managed Care Organizations responsible for CalAIM's ECM and Community Supports.
- D. Review this MOU on an annual basis, to ensure it remains current and is updated in as timely a manner as possible.
- E. Hear reports and consider parallel initiatives which support whole child service frameworks.
- F. Coordinate with School/SELPA leaders to support and align Community School, Social Emotional Learning and School Wellness programming.
- G. Analyze opportunities and projects and make recommendations to the ILT. Provide recommendations and direction on implementation of policies, procedures, and programs included under this MOU.
- H. Ensure that staff assigned to shared programming are provided the necessary technical assistance, training, support and resources to ensure mandates are fulfilled.
- I. Ensure that staff and programs conform to the shared Purposes and Principles of this MOU.
- J. Review and, as necessary, recommend program direction for applicable community partners or providers.
- K. Agree to work collaboratively to review and discuss provider requests, as well as system-wide concerns in a timely manner, ensuring all partners are informed, aligned, and able to coordinate responses.
- L. Appoint and support staff to serve as liaisons to various shared projects to ensure full continuum of care and linkage back to System partner services.
- M. Work collaboratively to monitor the Children's Well-Being Continuum and Wraparound programs.
- N. On a quarterly basis at minimum, the EAC will receive information and reports from the Community Leadership Team (CLT), a cross-system body to guide High Fidelity Wraparound implementation, to ensure that family, Tribal, and community perspectives are directly linked to EAC discussions and recommendations to the ILT.
- O. Monitor programs for general compliance with statutory and regulatory requirements; provide guidance and technical assistance to ensure program practice is consistent with the values and principles of this inter-agency partnership.
- P. Work with community agencies to ensure collaborative and integrated strategies are promoted and utilized, using strength-based, family-focused practice on a systems-wide basis.
- Q. Develop a Dashboard of outcomes to identify and monitor collective impact.
- R. Shall serve as a multidisciplinary forum for case consultation prior to requesting Technical Assistance from the State. Details and procedures for case consultation will be outlined in an EAC-established Policy and Procedure Guide (PPG).

EAC Membership can include but is not limited to:

- Department of Social Services (DSS) Representatives
- Department of Behavioral Health (DBH) Representatives
- Department of Public Health (DPH) Representatives
- Probation Representatives
- Central Valley Regional Center (CVRC) Representatives
- Fresno County Superintendent of Schools (FCSS) Representatives
- Big Sandy Representatives
- Health Care Plan/Managed Care Organizations Representatives
- School District Representatives

The EAC will select two co-chairs, who will rotate on an annual basis, the facilitation and leadership for the EAC and report to the ILT each quarter. The co-chairs will serve on and be supported by the administrative and operational professionals of the Steering Committee.

Steering Committee

On a rotating basis, the co-chairs of the EAC, along with designated administrative professionals, participate in a small Steering Committee, which meets for 30 minutes each month to craft agendas for the ILT and EAC and to otherwise coordinate the functions of the CYSOC.

PART TWO – INTEGRATED CORE PRACTICE MODEL

This MOU includes a mutual commitment by partners to use the principles, values, and practice behaviors of the California Integrated Core Practice Model (ICMP) in their programs, processes, and interactions with youth and families. The ICMP, developed with evidenced informed learning, and crafted by all child and family serving state departments, is intended to provide practical guidance and direction to support all Fresno County System of Care partners to improve delivery of timely, effective, and integrated services to children, youth, and families.

The ICMP is based on four (4) research-based values and twelve (12) guiding principles:

The Four Research-Based Values of the ICMP Model include:

- Parent and Youth Driven
- Community Based and Least Restrictive
- Culturally, Linguistically, and Equity Competent
- Prevention and Early Intervention Focused

The 12 Guiding Principles include:

- Individualized
- Strengths-based
- Trauma Informed
- Persistence
- Team-based
- Family voice and choice
- Natural Supports

- Collaboration and integration
- Evidence-Based Practice
- Developmentally Appropriate
- Comprehensive Array of Services
- Outcomes-based

To ensure awareness and utilization of the ICPM, a copy of the current ICPM will be distributed to ILT and EAC members and all system partners. The ICPM values and principles shall be used in decision-making and integrated, as appropriate, in process and program development. System partners, as part of the cross-training function outlined in Part 8 below, agree to train direct service staff members on the principles of ICPM and its implementation with participating system partners. System partners agree to collaborate in support of these efforts.

PART THREE – INFORMATION AND DATA SHARING

System of Care partners agree, to the fullest extent allowed by law, to share relevant necessary information in order to conduct treatment, coordinate services and ensure the highest quality of care is available to youth and caregivers. Partners shall maintain efforts towards the utilization of a single, uniform Release of Information (ROI) form across all agencies.

System partners acknowledge that Fresno’s Child Welfare authority (DSS) is authorized to disclose information to any Medi-Cal funded system partner for purposes directly related to the administration of its program [42 United States Code (U.S.C.) § 671(a)(8)(A)]. Medi-Cal funded providers are likewise authorized to disclose information to DSS for purposes directly related to the administration of the Medi-Cal program. “Directly related” includes determining the amount of Medi-Cal assistance and providing services for recipients [42 U.S.C. § 1396(a)(7); 42 C.F.R. § 421.302 (2009)].

System partners to this MOU shall be in strict conformance with all applicable Federal and State of California laws and regulations, including but not limited to Sections 5328, 10850, 827, and 14100.2 et seq. of the Welfare and Institutions Code, Sections 2.1 and 431.300 et seq. of Title 42, Code of Federal Regulations (CFR), Section 56 et seq. of the California Civil Code, Sections 11977 and 11812 of Title 22 of the California Code of Regulations, and the Health Insurance Portability and Accountability Act (HIPAA), including but not limited to Section 1320 D et seq. of Title 42, United States Code (USC) and its implementing regulations, including, but not limited to Title 45, CFR, Sections 142, 160, 162, and 164. The Health Information Technology for Economic and Clinical Health Act (HITECH) regarding the confidentiality and security of patient information, and the Genetic Information Nondiscrimination Act (GINA) of 2008 regarding the confidentiality of genetic information.

System partners agree to evaluate Fresno County’s Information Exchange System being developed to improve care coordination as a potential solution to assist in meeting the goals of this MOU.

Additionally, Assembly Bill 2083 provides that:

- Members of the ILT may disclose and exchange information with one another that may be designated as confidential under State law if the member of the team having that information 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 provision of those services or those placements. ILT members who receive disclosed or exchanged information shall only use the information for the purposes set forth in the preceding sentence.

- Members of the ILT who receive disclosed or exchanged information shall destroy or return that information once the purposes for which it was disclosed or exchanged are satisfied. Any information disclosed or exchanged shall be confidential and shall not be open to public inspection, unless the information is aggregated and de-identified in a manner that prevents the identification of an individual who is a subject of that information. Any discussion concerning the disclosed or exchanged information during a team meeting shall be confidential and shall not be open to public inspection.
- Members of an Interagency Placement Committee (IPC), child abuse multidisciplinary personnel team, or Child and Family Team (CFT) that is convened for the purpose of implementing the provisions of this MOU developed pursuant to this subdivision shall comply with applicable statutory confidentiality provisions for that committee or team.
- Members of teams convened for purposes of implementing this MOU shall comply with applicable records retention policies for their respective agencies or programs.

PART FOUR—OUTCOMES MONITORING

System partners are committed to development of a System of Care Dashboard, which will identify key outputs and outcomes whereby the partner's investment in interagency service delivery can be tracked, monitored, and used to inform leadership decision-making. EAC members will convene a Dashboard development workgroup, and building on the work of the FCSOS, under its Transforming Together grant, assign needed analysts or staff to participate in its development. Once complete, CYSOC Dashboard will be used on a quarterly basis by the EAC to monitor needs and impact, and as an engagement tool with the Interagency Leadership Team.

PART FIVE – SCREENING, ASSESSMENT, and ENTRY TO CARE

Fresno County's CYSOC partnership is based on the awareness that many families have needs that are often best met by assessment and provision of social, emotional, physical, educational, and economic services and supports as early as possible, and in settings that support timely access and continuity of care. This No Wrong Door approach is most often accomplished via either a readily accessible network of school-based mental health and wellness programs (where mental health clinicians are placed in every school in the county and where every adult supports the healthy development and overall well-being of students) and the county's robust network of community-based providers by ensuring timely referrals as soon as service needs are identified.

In order to enhance unified service planning, reduce impact on youth and caregivers, and reduce administrative costs, CYSOC members agree to share and understand standards of practice and each other's procedures to engage, screen, and assess children, youth and families at entry to care and while participating in their respective programs. Each partner agency and Tribal Government uses its own distinct processes and tools to determine eligibility and need for services, often because of federal, state or local mandates. To the extent permitted by laws and regulations, members will continue developing shared processes and tools to screen and assess the service needs of children/youth and their families engaged in multiple systems, particularly those served by Child Welfare, Probation, Behavioral Health and

Substance Use Prevention and Treatment teams, as they share responsibility for a population of children that may be at risk of entry to one another's programs.

Partners agree to share assessment outcomes and processes to facilitate care coordination through the Child and Family Team process and reduce youth and family impact wherever it is permissible and legally appropriate.

Children and youth entering the Child Welfare services will be referred to the DBH team for assessment of mental health needs, within 3 working days of their case being opened, per state guidance. For most foster youth, the IP-CANS serves as the primary team communication, assessment and child/family service planning tool. For more information on the requirements for the administration of the Integrated Practice CANS (IP-CANS) and Child and Family Teams, please see [All County Letter \(ACL\) 25-10](#).

Use of the IP-CANS tool is not required for all CYSOC members, such as Education/Schools, Regional Centers or for some Probation involved youth. CYSOC members may use other assessments (some mandated) or tools to identify and determine appropriate services and engage children and families. In all circumstances where children are involved in multiple agency care, the IP-CANS tool, its use in the Child and Family Team planning process, and any other assessment information will be shared with CYSOC members and partners to the fullest extent allowed by law and in accordance with an identified treatment plan.

If a developmental delay or disability is suspected or confirmed, CVRC will be contacted to determine current status of the child's case. If eligibility has not been previously determined by CVRC, a referral will need to be made by the referring agency to determine eligibility for services. For children who have been previously determined eligible for services but, their case is currently inactive, reactivation will be requested by the referring agency. For children that have an open case with CVRC, the assigned Service Coordinator will be contacted for assistance. CVRC uses a variety of assessment tools and reports to determine eligibility. Records are requested as part of the intake process so as to not duplicate any assessments previously completed and assist with the eligibility determination process.

PART SIX – CHILD AND FAMILY TEAMING

Child and Family Teaming is the term used to describe the engagement and service planning process for children and families served by Child Welfare and for foster care involved Probation and many children in the care of county DBH. Most often, the agency or Tribal Government with legal jurisdiction convenes the teaming meetings and documents meeting outcomes. In addition to the members' direct facilitation and delivery of teaming services, DBH and some children on Probation status obtain facilitation and documentation for teaming and planning meetings through contracted agencies. CYSOC partners aim to provide a single, unified Child and Family Teaming (CFT) process via a meeting comprised of the youth, their family/caregiver(s), and other agency partners and natural supportive relationships relevant to their care. Collaboration from within the CFT includes family engagement, assessment, service planning, delivery, coordination, care management, monitoring and adapting services, and transition.

Outside of formal Child and Family Teaming, engagement and planning processes from member and partner agencies may take different forms, as informed by state expectations or historical practice. However, to maximize planning and family engagement, a unified, multi-

disciplinary team will serve each child and family. The most common teaming settings include:

- Children served in education-based services also have a high need for teaming and coordinated service planning. While each district may use a slightly different approach, all districts are committed to utilizing a Multi-Tiered System of Supports framework designed to bring together general and special education supports, with the goal of providing a comprehensive, proactive, and unified system of education to meet the needs of, and improve results for, all students. School partnerships with county systems seek to support the following:
 - Ensure participation of an individual from the local educational agency (LEA) who is knowledgeable about the child and able to provide feedback on significant relationships that the child may have formed with a teacher, counselor, coach, or other meaningful person and how changing schools would impact his or her academic, social, or emotional well-being.
 - Facilitate the transfer of educational records for students in foster care who enter or exit a school within or between LEAs.
 - Within one court day of deciding to change a child's placement to a location that could result in a school change, the placing agency must notify the court, the child's attorney, and the child's education rights holder or surrogate parent. If a child who is changing schools has an IEP, the placing agency must give written notice of the impending change to the current LEA and the receiving Special Education Local Plan Area (SELPA) at least 10 days in advance. (CRC 5.651(e)(1)(B).
 - Facilitate enrollment for students in foster care who enter a school within a LEA.
 - Request education records from the school of origin for students in foster care who enter a school within a LEA.
 - Facilitate data sharing consistent with the Family Educational Rights and Privacy Act (FERPA), California Education Code Sections 49073 et seq., Individuals with Disabilities Education Act (IDEA), and other privacy laws and policies.
- In accordance with WIC §16501(a)(4)(B)(i)(VII) and related All County Letters (e.g., [ACL 20-38](#), [ACL 22-73](#), and [ACL 23-49](#)), Fresno County System of Care partners affirm that tribal representatives are mandatory participants in Child and Family Team (CFT) processes for Indian children and youth. This includes timely notification to the Tribe or Indian custodian when scheduling CFTs, and ensuring their active involvement in case planning, placement discussions, and service coordination. The CFT must reflect the principles of the Indian Child Welfare Act (ICWA), including placement preferences, active efforts, and culturally appropriate engagement.

The inclusion of tribal representatives and elders ensures that child and family teaming honors tribal sovereignty, cultural traditions, and the unique needs of tribally involved youth and families. The commitments in this MOU are intended to align with state and federal requirements while strengthening collaboration between County agencies and Tribal Governments.

- Foster Care Public Health Nurses (PHNs) assigned to a client will participate in CFTs to offer available medical information and / or nursing suggestions, as appropriate. If there are scheduling conflicts (due to multiple CFTs, etc.) the PHN, at a minimum, will collaborate with the assigned social worker to offer information / suggestions prior to the CFT so the client's medical history and current medical status can be made available during the meeting. PHNs will also ensure timely follow-up with the assigned social

worker to determine if PHN assistance was identified during the meeting.

- Central Valley Regional Center (CVRC) is committed to conjointly participating in collaborative teaming for foster youth. The assigned service coordinator or designee shall be the Regional Center's designee to the child's CFT. The CVRC Service Coordinator will identify funding for, and coordinate services specified in the Individual Program Plan (IPP) for children ages three (3) and older or Individual Family Service Plan (IFSP) for infants ages zero (0) to three (3), and that are not provided by DSS, and as agreed upon by the planning team.

CYSOC members agree to make every effort to invite relevant partner staff to their respective teaming meetings to engage in teaming and planning, including but not limited to community contractors, health care plan/managed care organization representatives, school and Regional Center personnel, or other providers that the family may choose to include.

PART SEVEN – INTERAGENCY PLACEMENT COMMITTEE

Fresno County CYSOC partners have two related interagency service planning venues, which structurally support the alignment and coordination of care in the next section of this MOU.

The Interagency Placement Committee (IPC) 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 IPC 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.

The primary purpose of the IPC is to review and approve the initial treatment of children, youth, and NMDs within a STRTP, and/or WRAP, consistent with state law (WIC § 4096.5, along with statutes enacted under CCR (AB 403 & AB 1997). The IPC assessment shall determine or confirm whether the child meets one of the following criteria:

- A. Youth meets the medical necessity criteria for Medi-Cal specialty mental health services.
- B. Youth's individual behavior or treatment needs can only be met by the level of care provided by a STRTP, and/or WRAP, and not a lower level of care.

Each CYSOC partner agency will designate a supervisor, manager or other approved IPC panel member to participate in IPC.

- A. IPC Members – the IPC shall be comprised of representatives from the following:
 - DSS
 - A licensed mental health professional from DBH
 - Probation
 - FCSS
 - DPH
 - CVRC as appropriate
 - Health Care Plans/Managed Care Organizations as appropriate
 - Tribal representation
- B. The IPC meets on a weekly basis in a format agreed upon by attendees.

- C. The cases being reviewed are presented by the relevant Social Worker or Probation Officer.
- D. The IPC shall:
- Review youth and family service plans.
 - Review requests for STRTP and/or WRAP placements. Review of these requests shall include a review of the current services and needs of each client and the determination of how to meet those needs in the least-restrictive setting.
 - If a youth requires placement within an STRTP for longer than six (6) months, the case is re-presented to IPC for rationale. It will also be presented to the DSS Deputy Director, who reviews and provides approval.
 - A youth's continued participation in the WRAP program is discussed and determined by the CFT.
 - Provide the ILT with quarterly reports to include, but not be limited to, Quality Improvement on services/systems, need for new or redesigned service delivery, areas for improvement, and the status of implementation of the California Integrated Core Practice Model for Children, Youth, and Families.
- E. Decisions/recommendations made by the IPC may become the recommendations of the responsible agency which referred the youth. Any involved staff member associated with the youth's care who disagrees with the IPC's recommended action may raise an objection to the recommended action or may advocate for a different action through the use of the Appeal process, as outlined herein.

IPC Case Specific Appeals:

Appeals of youth/family or case specific IPC recommendations/decisions will be made via the following process, immediately following the IPC meeting or, if not possible, within two (2) working days.

- The staff member wishing to appeal the IPC recommendation(s) will notify their respective Division Chief/Supervisor.
- The staff's Division Manager/Supervisor will forward any questions or subsequent appeal to the Assistant Probation Chief or the DSS Deputy Director, as appropriate.
- The appropriate Department will proceed through their chain of command up to and including the Department Head until the concerns have been resolved. Recommendations from Department Head or designee will be brought back to IPC for further discussion.
- If necessary, other system partners may be brought into the discussion.

PART EIGHT – ALIGNMENT AND COORDINATION OF SERVICES

Children and youth with complex challenges and needs typically receive (or are eligible to receive) services from multiple agencies throughout County's System of Care. Coordination of services is required to minimize confusion for families and achieve desired outcomes. Care coordination permits a unifying integration of services among service agencies to support the child and family. Integration and coordination of services also makes it possible for each agency and Tribal Government to maximize its resources to serve children, youth, and families through greater efficiencies.

The System partners agree to work collaboratively to align timelines for all aspects of care – from screening and assessment to service delivery. This collaboration shall be implemented and supported with fidelity to the ICPM and other team-based system planning processes carried out by the ILT, IPC, and the CFT. Under each of these teams, collaborating agencies are seen as equal partners and remain well-informed of individual roles and responsibilities. Additionally, System partners are committed to ensuring that stakeholders important to the child’s support and success are included in the care planning process.

Care planning is meant to be an investigative process that is responsive to the unique circumstances and needs of each child and family. Alignment and coordination of services includes the following:

- A. Identifying the specific needs and strengths of the child and their family;
- B. Identifying services and community supports that the youth and their family require to address the challenges they face as a result of their needs;
- C. Identifying which partner agency, agencies, or Tribal Government can provide these services and community supports to address the needs of the youth and their family; and
- D. Developing a care plan that considers the youth and family’s voice and choice and provides them with realistic supports to address their needs in a timely and appropriate manner.

The participation of the Local Education Agency (LEA) in teaming, care planning, and services is crucial for supporting these alignment efforts. CYSOC members will conduct cross-agency engagement to invite the participation of LEAs and ensure a focus on the following care processes:

- A. Facilitating the prompt transfer of educational records for students in foster care who enter or exit a school within or between LEAs.
- B. Facilitating immediate enrollment for students in foster care who enter a school within a LEA.
- C. Immediately requesting education records from the school of origin for students in foster care who enter a school within an LEA.
- D. Ensuring that students in foster care are promptly enrolled in a LEA’s free lunch program.
- E. Ensuring that the school and LEA waive all school fees for students in out-of-home placement, including but not limited to any general fees, and fees for books, lab work, participation in in-school or extracurricular activities, and before-school or after-school programs.
- F. Facilitating data sharing with CWS and the Probation Department, consistent with the Family Educational Rights Act (FERPA), the Individuals with Disabilities Education Act (IDEA), and other privacy laws and policies.
- G. Coordinating necessary transportation for students as described in this MOU, including through the development of any LEA policies or practices necessary to implement these procedures.

Coordination with System Partners

Tribal Partnership

Fresno County System of Care partners will collaborate with Tribal Partners in alignment with the requirements of the Indian Child Welfare Act (ICWA), WIC §16501(a)(4)(B)(i)(VII), and state

guidance. Coordination shall include, but not be limited to, the following:

- Ensuring that Tribal representatives are notified of, and invited to participate in, Child and Family Team (CFT) meetings for tribally involved youth;
- Including Tribal representatives in Interagency Placement Committee (IPC) reviews whenever Indian children are considered for placement, to support culturally appropriate and least restrictive placement options;
- Engaging Tribal leaders and elders in case planning, service delivery, and transition discussions to ensure active efforts and placement preferences under ICWA are met;
- Consulting with Tribal representatives in the development of interagency agreements, service coordination protocols, and culturally responsive supports;
- Affirming Tribal Governments as equal partners in decision-making and honoring their sovereign authority in all matters affecting tribally involved youth and families.

Fresno County Children's Wellbeing Continuum for Complex Needs Youth

The Fresno County Children's Wellbeing Continuum (CWBC) consists of responsive, front-end service provision that supports child welfare and behavioral health infrastructures and is designed to flexibly provide seamless step-up and step-down transition services, ensuring that children and families receive continuity of service provision even as their needs change over time.

Because the needs of children and youth in crisis can change rapidly, the Fresno County CWBC is designed to provide seamless transitions between services and levels of service, with each service model linking to the others to ensure continuity of care. All services in the Fresno County CWBC will adhere to the principles of Safety Organized Practice and be built on the core competencies of trauma-informed and culturally responsive care.

To support and ensure continuity of care, the Fresno County CWBC will be delivered by community-based providers with the experience and infrastructure to realize the provision of a multitude of interrelated services and programs, simultaneously. Each agency will provide all the residential and community-based service components of the Continuum, with one exception: only one agency will administer mobile response, county-wide. Structuring the Continuum in this way ensures continuity of care, seamless access to services, fiscal viability and overall program sustainability, and deep partnership in meeting the complex needs of children and families.

- Crisis Stabilization Center (CSC)
- Psychiatric Health Facility (PHF)
- Mobile Crisis Response
- Super Wrap
- Wraparound
- Children's Crisis Residential Program (CCRP)
- Short Term Residential Therapeutic Program (STRTP)
- Enhanced Intensive Services Foster Care (E-IFSC)
- Emergency Enhanced Intensive Services Foster Care (E-E-IFSC)
- Child Welfare Mental Health (CWMH)
- Family Urgent Response System (FURS)

Community Leadership Team

The Community Leadership Team (CLT) is a cross-system leadership body required under [ACL 25-47](#) and [WIC §5851](#) to guide implementation of California's High Fidelity Wraparound (HFW)

model, including aftercare services. The CLT brings together empowered leaders from child-serving agencies, Tribes, community organizations, cultural leaders, families, and youth to share responsibility for the design, oversight, and fidelity of local HFW programs.

To ensure alignment across Fresno County's System of Care, the CLT will formally connect with the Executive Advisory Committee (EAC) by bringing forward information, data, and recommendations. The EAC, in turn, will elevate items requiring policy or system-level decisions to the Interagency Leadership Team (ILT). This structure ensures that community and family voice informs planning at every level, while ILT leadership remains accountable for removing barriers and aligning resources. Engagement between the CLT, EAC, and ILT ensures that statewide requirements for wraparound are implemented in ways that are meaningful, sustainable, and responsive to Fresno County youth and families.

PART NINE – STAFF RECRUITMENT, TRAINING, AND COACHING

CYSOC members commit to trauma-informed care and collaborative work across county agencies to improve the outcomes for children, youth, families, and communities. To do this, members acknowledge the value of having highly trained and competent staff teams.

In order to ensure that social workers, probation officers, case managers, clinicians, support and administrative personnel are fully prepared to deliver the seamless, trauma-informed and integrated services outlined in this MOU, members agree to coordinate the training and coaching of staff.

Fresno County CYSOC partners agree to deliver multi-agency training around Child and Family Teaming, use of the ICPM, and other related System of Care content. Of particular focus for members is creating a trauma-informed system. Universal Trauma-Informed Care training is provided across member agencies to develop a foundational understanding of this topic across various disciplines in the helping profession and all levels of staff.

The system partners are committed to delivery of cross training in key aspects of teaming and service delivery, including, not limited to:

- Teaming and Engagement based in the Integrated Core Practice Model Guide
- Trauma informed Care and Services
- Motivational Interviewing
- Use of the IP-CANS as the System's primary assessment and teaming tool
- Information privacy and confidentiality practices and policy

Additionally, to align an integrated and whole approach to care, and as a commitment to sustaining CYSOC workforce cross-training and technical assistance, the EAC will develop a formal, interagency, multi-year training and technical assistance plan that will support the alignment of vision and practice by system partners. The training and technical assistance plan may include, but is not limited to:

- Planning and developing trainings at the system (leadership), supervisory, practice (line staff), and administrative levels that creates a common language for change.
- Developing and implementing multi-agency training curriculums that align with system

- reform principles and values
- Streamlining and creating continuity in trainings across agencies
- Cross-training agencies and staff in cohorts representing a diverse cross-section of family, practice, program and system levels
- Developing strategies on how to create new cross-system practices and teamwork across the system, actionizing the knowledge gained from trainings and integrating it into practice and policy to improve the quality of care, achieve positive outcomes and cost-effectiveness, and support lasting system and culture change
- Evaluating the effectiveness of trainings on implementing and improving the CYSOC

The ILT and EAC will work to ensure that the developing partnership supports meaningful training for each department's affected staff. CYSOC member training funds will be used in the most flexible manner possible to facilitate this endeavor.

PART TEN – FINANCIAL RESOURCE MANAGEMENT

Notwithstanding the generally categorical nature of each CYSOC department's revenues, members will inform one another about available funding, including state and federal revenues, ongoing funding, one-time opportunities, revenue enhancements, Request for Proposals (RFP), and grant opportunities for programs and services for children and families.

CYSOC members agree to explore and discuss, as appropriate, opportunities for leveraging one another's revenue and other resources toward the most efficient use of resources and programming. The monthly EAC agenda will allow for discussion of these opportunities. Funding opportunities and related budgetary opportunities will be sought and applied for, planned, monitored and distributed according to joint recommendations of the ILT. Funding decisions subject to approval by the governing body of each member agency and Tribal Government will be brought to those governing bodies with a recommendation to approve the joint recommendations of the EAC, after approval by the ILT.

Paramount to CYSOC's success is the use and maximization of all federal and state allocations available to support services to Fresno County children and families. Primary to CYSOC sustainability is the maximization of federal Title IV-E and Medicaid mental health dollars. ILT members acknowledge the belief and practice of making every effort to identify qualifying revenue sources for required and/or maximizing available local or state match funds to assure that a full and complete use of federal and state revenues is accomplished.

The more critical funding streams that CYSOC members will seek to maximize include:

- County General funds (all County agencies)
- Title IV-E Social Services/Foster Care funds (DSS and Probation)
- Title XIX funds (DSS Public Health Nurses)
- Social Services Realignment funds (DSS and Probation)
- Title IV-B funds (DSS and Probation)
- Emergency Assistance Temporary Assistance for Needy Families funds (DSS)
- Juvenile Justice Crime Prevention Act/Youthful Offender Block Grant (Probation)
- Medicaid Mental Health funds (DBH)
- Medi-Cal Realignment funds (DBH)
- Behavioral Health Services Act funds (DBH)
- Mental Health Services Oversight & Accountability Commission grant funds (DBH)
- Substance Abuse and Mental Health Services Administration grant funds (DBH)

- California Health Facilities Financing Authority grant funds (DBH)
- Medicaid Home and Community-Based Services Waiver funds (CVRC)
- California Department of Education grant funds (SCOE)
- Local Education Agency budgets
- Special Education Local Planning Area funds
- Families First Prevention Services Act funds
- Other local grants and federal financial participation

PART ELEVEN – DISPUTE RESOLUTION PROCESS

While ILT member agencies and leaders may utilize a shared decision-making process for the programs and services identified by the System partners, challenges and disagreements may arise. These disagreements are sometimes due to conflicting statutes, regulations, policy, guidance, or in differing opinions as to what services are needed in a particular case. System partners will attempt in good faith to resolve any dispute or disagreement arising out of this MOU, by focusing on the shared vision, values, and practices of the ICPM.

For other types of disputes typically associated with direction, sharing of resources, strategy or related cross-agency issues, the System partners will seek to settle relevant disputes by focusing on the shared vision, values, and practices of the ICPM.

Consensus will be the preferable model. However, if consensus cannot be reached, System partners shall follow an escalation procedure to invite additional discussion, clarification, and direction from agency directors, Tribal Leaders, and/or State representatives. The level of escalation needed shall be determined by the nature of the dispute.

PART TWELVE – RESOURCE FAMILIES AND THERAPEUTIC FOSTER CARE SERVICES

Resource families play a critical role in the life of children when out-of-home placement is needed to keep the child safe. DSS and Probation make diligent efforts to identify, consider, and evaluate relatives, family friends, and those closely tied to the family as the primary placement option.

When placement with a closely tied adult is not an option, the placing agency makes effort to actively recruit and support resource families so that a child may be provided with a feeling of safety, permanence, and well-being. Some resource families are identified to provide Intensive Services Foster Care – an alternative to congregate care placement and a critical resource in the foster care and behavioral health continuum of care.

While recruitment, retention, and support of all resource families have been viewed as the sole responsibility of the child welfare and probation systems, other System partners have a parallel responsibility to support youth in need of safety and resources. The System partners are committed to practicing collaborative, 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.

PART THIRTEEN – MUTUAL INDEMNIFICATION AND INSURANCE

Each signatory to this agreement agrees to indemnify, defend and hold the other signatories, including officials, officers, directors, agents, employees and volunteers, harmless against any and all losses, claims, expenses (including reasonable attorneys' fees), fines, penalties, damages, judgments or liabilities, including bodily injury, property damage and death, as a result of an action brought by a party arising out of this agreement or any breach thereof, but only to the extent such liabilities have been caused by the negligence, recklessness or willful misconduct of that signatory with respect to its obligations under this MOU.

In the event of concurrent negligence on the part of signatories, including any of its officials, officers, directors, agents, employees or volunteers, the liability for any and all such claims, demands and actions in law or equity for such losses, fines, penalties, forfeitures, costs and damages shall be apportioned under the State of California's theory of comparative negligence as presently established or as may be modified hereafter. However, no signatory shall be indemnified hereunder for any loss, liability, damage, or expense resulting from its own negligence or willful misconduct.

Required Insurance – Without limiting the indemnification of each signatory as stated herein, it is understood and agreed that the signatories shall each maintain, at their sole expense, insurance policies or self-insurance programs including, but not limited to, an insurance pooling arrangement and/or Joint Powers Agreement to fund their respective liabilities including general liability, automotive liability, workers' compensation, employers liability, professional liability, Molestation liability (if required) and cyber liability.

PART FOURTEEN - TERMINATION

This MOU and its agreed upon protocols may be terminated by any System partner upon the giving of thirty (30) days advance written notice of an intention to terminate to all other System partners. Written notice of termination given by a System partner to the other System partners shall only be effective as to the MOU in relation to the System partner giving notice and shall have no effect on the MOU with respect to all other System partners.

PART FIFTEEN – ELECTRONIC SIGNATURE

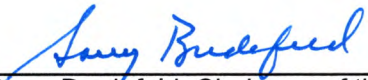
Electronic Signatures. The parties agree that this MOU may be executed by electronic signature as provided in this section.

- A. An "electronic signature" means any symbol or process intended by an individual signing this MOU to represent their signature, including but not limited to (1) a digital signature; (2) a faxed version of an original handwritten signature; or (3) an electronically scanned and transmitted (for example by PDF document) version of an original handwritten signature.
- B. Each electronic signature affixed or attached to this MOU (1) is deemed equivalent to a valid original handwritten signature of the person signing this MOU for all purposes, including but not limited to evidentiary proof in any administrative or judicial proceeding, and (2) has the same force and effect as the valid original handwritten signature of that person.

- C. The provisions of this section satisfy the requirements of Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part 2, Title 2.5, beginning with section 1633.1).
- D. Each party using a digital signature represents that it has undertaken and satisfied the requirements of Government Code section 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely upon that representation.
- E. This MOU is not conditioned upon the parties conducting the transactions under it by electronic means and either party may sign this MOU with an original handwritten signature.
- F. Counterparts. This MOU may be signed in counterparts, each of which is an original, and all of which together constitute this MOU.

IN WITNESS WHEREOF, the System partners have executed this Memorandum of Understanding effective upon execution by all System Partners.

COUNTY OF FRESNO



Garry Bredefeld, Chairman of the Board
of Supervisors of the County of Fresno

Attest:
Bernice E. Seidel
Clerk of the Board of Supervisors
County of Fresno, State of California

By: 

Deputy

**PLEASE SEE ADDITIONAL SIGNATURE
PAGES ATTACHED**

FRESNO COUNTY SUPERINTENDENT OF SCHOOLS

By: 

Print Name: Dr. Michele Copher

Title: Superintendent

Date: 12.1.25

PLEASE SEE ADDITIONAL SIGNATURE
PAGES ATTACHED

CENTRAL VALLEY REGIONAL CENTER

By: 

Print Name: Matthew Becker

Title: Executive Director

Date: 12-1-25