MEMORANDUM OF UNDERSTANDING

[This Interagency MOU is intended to support interagency collaboration and partnership by providing a county level, fully customizable template which can be edited at the discretion of youth and family serving agency partners to support local needs and processes. It may be used to define service delivery affecting only foster care involved youth, or may be applied in a broader manner to effectively integrate whatever youth serving partners are prepared to enter and abide by its content.]

I. PARTIES:

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

(Insert applicable partners at county discretion or use applicable list below)

- County Probation Department ("Probation")
- County Department of Health and Human Services ("HHS")
- County Social Services
- County Behavioral Health
- County Office of Education
- Superior Court ("Court")

This Memorandum of Understanding shall supersede any prior Memorandum of Understanding between the System Partners regarding delivery of shared services to children, youth and families.

II. VISION:

(Insert County Shared Leadership Vision here)

All children, adults and families in (__________) County will be self-sufficient in keeping themselves, their children and their families SAFE, HEALTHY, AT HOME, IN SCHOOL/EMPLOYED, OUT OF TROUBLE AND ECONOMICALLY STABLE.

III. MISSION:

The System Partners seek to ensure 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 foster youth experience and voice into county level collaborations and partnerships that manage or oversee the delivery of services affecting youth in foster care.

IV. TERM:

This Agreement shall remain in full force and effect from (Date) through (Date).
V. PURPOSE:

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

The goal of this MOU is to address systemic barriers to the traditional provision of interagency services. It is the intent of the agency partners to create a single service plan and maintain an administrative team with collaborative authority over the interrelated child welfare, juvenile justice, education, and mental health children’s services. 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, it is the intent of the System Partners 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 children, youth and family programming. Accordingly, this MOU should be interpreted in light of this intent and purposes.

VI. PRINCIPLES:

To promote and provide services, which are outcome-focused, family-centered, strength-based, culturally proficient, comprehensive, and integrated to the extent possible by a single service plan, and which encourages families to use their own resources to resolve problems.

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 children, youth and families.

To provide services to children, youth and families in the least restrictive, least stigmatizing and 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 children, youth and families in ( _______ ) County; and to hold member agencies and their staffs accountable in these efforts.

To adopt confidentiality standards consistent with and authorized by California Welfare and Institutions Code (WIC) Section 18986.46, 34 Code of Federal Regulations (C.F.R.) 9.9, WIC Section 108500.00, Local Rule ( _______ ) of ( _______ ) County Superior Court and consistent with its integrated family-centered approach.

To promote and maintain quality services that are cost effective, evidence-based and appropriate through the use of a unified service record, shared service authorization/re-authorization and outcomes evaluation as allowed by law.

To provide on-going support and direction to each agency and its staff in providing services and resources for at-risk children and families consistent with the Vision, Mission and Principles.
To promote reinvestment of any fiscal savings into identified gaps in services or early intervention, prevention and WRAPAROUND programs in order to avoid, if possible, placement of children into institutionalized settings.

To assure that the voices, experiences and wisdom of foster youth and their families and caregivers are incorporated into the collaborations and partnerships captured by this agreement.

To ensure the appropriate utilization of treatment and rehabilitation services for children, 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, data exchange, and filing of documents, including electronic filing between the courts, social services agencies, and other key partners and track data that permits them to measure their performance. The Interagency Leadership Team policy prioritizes information sharing between the courts and partners such that delays in service delivery are minimized.

VII. INTERAGENCY PROCESSES:

The following ten elements are believed to be the primary and necessary components of comprehensive practices for (__________) County’s Child and Youth serving collaborative partners.

A. INTERAGENCY LEADERSHIP TEAM (ILT):

The ILT serves as the governing board of this collaborative and will consist of the Chief Probation Officer, the Director of Health and Human Services (HHS) or if no HHS, then the Director of Behavioral Health, the Director of Social Services, the County Public Health Director, the Superintendent of the County Office of Education or designee, and the Presiding Judge of the Juvenile Court or designated Judicial Officer assigned to Juvenile and Family Law calendars. The ILT shall select a Chair who will lead the ILT meetings and processes for a period of (__________) years.

While membership of the ILT is established per above, designated other experienced staff members or other senior managers from System Partners or other involved agencies, tribal partners or identified contractors may also attend ILT meetings to support the ILT members, as determined by the ILT. The ILT System Partners will attend all meetings, retreats and planning sessions necessary to mutually carry out their shared approach.

The ILT System Partners will appoint an Executive Advisory Committee (ILTEAC) comprised of the Child Welfare Director, the Behavioral Health Children’s Director or Deputy, the Deputy Chief Probation Officer, the Associate Superintendent of the County Office of Education, and other agency leadership as determined by the ILT. Complete assigned tasks as prescribed by the ILT.

The role and responsibilities of each member of the ILT (and or the ILTEAC) are as follows:

(Each member’s role and various responsibilities may be articulated here if desired)

**Management, Administration and Service Delivery:**

1. Direct management and operation of the (__________) County Integrated Children’s System of Care.
2. The ILT members will utilize a shared decision making process for all programs and services identified by the system partners. Consensus will be the preferable model; however, if consensus cannot be reached, decisions may be made by a simple majority vote of the ILT members.

3. Analyze opportunities, projects and make recommendations to the ILT. Provide recommendation and directions on implementation of policies, procedures and programs included under this agreement.

4. The ILT partner agencies share responsibility for administration of the ILT and its associated functions. A System Administrator will be rotated among agency or department/members every two years to assure consistent interagency leadership practices. The ILT members will recommend the candidate for the position ILT Administrator, subject to the approval of the ILT members. Typically, Child Welfare Director/Children’s Mental Health Deputy or another appropriate staff member will act as the ILT Administrator. The ILT Administrator will oversee the activities of the Interagency Placement Committee (IPC) and all programs and services identified within the collaborative Children’s Systems of Care.

5. The ILT Administrator and the Managers assigned to this collaborative from Probation, Education, and Mental Health and Human Services/Social Services will develop additional written MOUs, contracts, or policies and procedures for ILT partners’ review and approval. Where these documents may also directly affect other operations or obligations of any of the partners, the procedures in place for approving such documents by the partners’ agency will also be followed. These documents, as necessary, may address lines of operational authority or shared authority with other Directors, Departments, and/or Managers.

6. The ILT members, in conjunction with the System Partners, will ensure that all staff assigned to shared programming is provided the necessary technical assistance, training, support and staff resources to ensure categorical mandates are fulfilled.

   Example:
   
   Juvenile Probation Officers must be provided appropriate training, equipment and supervision for special requirements; Clinical Social Workers must receive adequate supervision for special requirements; Nursing staff must have appropriate training and supervision for special requirements; Education staff must be provided supervision by persons with Administrative or Pupil Personnel Services credentials, etc.

7. Assigned System Partner agencies’ Managers and Supervisors will ensure that all staff and programs conform to the shared Vision, Mission, Purposes and Principles of this MOU.

8. The ILT members will review and discuss the hiring or promotion of all Managers assigned to System Partner functions, subject to the approval of the Department's Appointing Authority. The ILT will jointly approve all managers and supervisors to be assigned to the Interagency Placement Committee (ILP), assuring that the critical function of IPC has the experience, depth and wisdom to make decisions and recommendations in keeping with the purposes of this agreement.
Policy Development, Coordination and Monitoring as a full System of Care:

1. Make recommendations regarding submission, preparation and coordination of grant applications and grant deliverables.

2. Review and, as necessary, recommend program direction for applicable community partners or providers. Discuss/approve requests from providers, including Letters of Recommendation and other critical information for Short-Term Residential Treatment Program (STRTP) providers and other youth serving facilities. Invite providers to present annual reports on program issues, progress and outcomes.

3. Participate on related coordinating councils, other advisory committees, multi-disciplinary teams which affect the System Partner processes or services.

4. Appoint and support staff to serve as liaisons to various shared projects to ensure full continuum of care and linkages back to System Partner services.

5. 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 interagency partnership.

6. Coordinate and develop additional agreements or MOUs, as necessary, to assist in program coordination and problem solving.

7. Work with community agencies to ensure collaborative and integrated strategies are utilized and to promote and utilize strength-based, family-focused practice on a systems-wide basis.

8. The Interagency Leadership Team agrees to work collaboratively to review and approve Letters of Support/requests from providers to become STRTP providers, and to do so in a timely manner. The ILT Administrator will serve as designated communication authority when working on inter-county requests and correspondence. When acting as "supporting" county, the ILT administrator will send a copy of the correspondence sent by the supporting county to the Child Welfare Director, Chief Probation Officer, and Director of Mental Health Plan of the county in which the facility is located, notifying them of the supporting county’s decision and to request a return response within 10 business days.

A copy of the return response shall include:

- If the issues raised were satisfactorily resolved, a brief description on how those issues were resolved;
- If the issues raised were not resolved, provide details on the factors that prevented resolution of the issues.

B. INTERAGENCY PLACEMENT COMMITTEE (IPC):

System Partner managers or other qualified staff will jointly convene and administer an IPC, as required by state law. The IPC will conduct the following activities in pursuit of the shared goals of this MOU:

- Review Challenging Youth and Family Service Plans
• Review Requests for STRTP and/or Out-of-State Placement
• Review Cases in which a youth has been in STRTP or other Congregate Care Setting longer than six months and every six months, thereafter.
• Provide the Interagency Leadership Team with quarterly reports to include Quality Improvement on Service/Systems, need for new or redesigned service delivery, areas for improvement, and on the status of implementation of the agency’s Integrated Core Practice Model.

(See Attachment 1 for a matrix of System Partner Responsibilities)

Decisions/Recommendations by the IPC will become the recommendations of the responsible department, division or unit of the agency partner which referred the youth. Any involved staff member associated with the youth’s care who disagrees with the IPC 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; immediately following the IPC meeting or, if not possible, within two working days.

- The staff member wishing to appeal the IPC recommendation(s) will notify their respective manager/IPC representative. Staff will complete a brief memo describing what the desired action was, the reason(s) for it, and will attach the IPC minutes to the appeal memo. The manager/IPC representative will add additional remarks reflecting the factors that the IPC considered when making its recommendation(s).

- The IPC representative will forward the appeal to the Assistant Probation Chief, the Child Welfare Director/Deputy Director, and the ILT Administrator within 24 hours.

- When a staff member wishes to appeal an IPC related 241.1 recommendation, the appeal should only be considered prior to the memo being filed with the court. Once the memo is filed with the court, no appeal may be made.

- If an appeal is made and cannot be resolved between the senior staff as outlined above, the ILT will review the appeal and invite stakeholders to present information, as necessary. The ILT, except for the judicial officers, will hear the appeal. The decision of the appeal panel will be made by majority vote. The decision of the appeal panel will be final. It is expected that all staff will accept and follow the decision of the appeal panel as their recommendation to the court.

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, agencies will use an integrated assessment and access to care service as defined herein.

(Enter Care Access/Entry Process here)

(_______ ) County uses a shared assessment process. System Partners have agreed to the use of the (List Assessment Tools) in each and every applicable program, and to share those assessment outcomes and processes to facilitate care coordination and reduce youth and family impact.

Furthermore, for youth in multiple service sectors, agency partners have developed a sharing of client-related information such that assessment and planning documents may be
D. CHILD AND FAMILY TEAMING AND UNIFIED SERVICE PLANNING

System Partners provide a single, unified teaming process for all youth in care. In order to maximize planning and family engagement, a single Child and Family Team (CFT) process is used. Typically, the agency with legal jurisdiction will convene and document CFT outcomes. The CFT meetings will be coordinated via [county CFT Meeting Coordination Process may be placed here, or reference additional Policy and Procedure]

Of particular interest to partners is the coordination of mental health care and educational services for youth in the foster care system. Accordingly, partners agree to develop policy to enact the following:

- Ensuring 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 and how changing schools would impact his or her academic, social, or emotional well-being such as a teacher, counselor, coach or other meaningful person in the child’s life.
- Facilitating the prompt transfer of educational records for students in foster care who enter or exit a school within or between LEAs.
- Facilitating immediate enrollment for students in foster care who enter a school within a LEA.
- Immediately requesting education records from the school of origin for students in foster care who enter a school within a LEA.
- Ensuring that students in foster care are promptly enrolled in a LEA’s free lunch program.
- 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, fees for books, fees for lab work, fees for participation in in-school or extracurricular activities, and fees for before-school or after-school programs.
- Facilitating data sharing with Human Services consistent with FERPA, the IDEA, and other privacy laws and policies.
- Coordinating necessary transportation for students as described in this Agreement, including through development of any LEA policies or practices necessary to implement these procedures.

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

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

To comply with ESSA and improve school stability for students in foster care, agency partners agree to develop joint policies/procedures to ensure that: (1) districts and schools receive notice within one day of any decision by the child welfare agency to change a student’s placement (and whenever feasible, before the placement change occurs); (2) agency partners work with the student’s education rights holder to promptly make the best-interests determination; (3) students have transportation to their school of origin while the best-interests determination is pending, and pending resolution of any dispute regarding school-of-origin rights; and (4) if it is determined to be in the student’s best interest to remain in their school of origin, transportation is provided by the child welfare agency (e.g. through caregiver reimbursement or public bus passes), by the school district (e.g. by using or
modifying an existing bus route); or jointly (e.g. by sharing the costs of transportation).

(County may add additional ESSA compliance language here or reference attached ESSA transportation plan and other specific joint policies and procedures)

F. IMPLEMENTATION OF 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. Partner agencies agree to mutually use the principles, values, and practice behaviors in their interactions with youth and family, with one another, with contractors and county partners. The ICPM is further supported by agency partners via use of (County may place local practice agreement summary information here).

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

Agency partners practice collaborative, uniform and consistent efforts to recruit, train and support professional Resource Family caregivers in order to foster safe, permanent and healthy out-of-home placement when necessary. While Child Welfare and Probation agencies have legal obligations and responsibilities to assure foster care capacity is present, the county MHP/DMH has parallel responsibility to assure adequate capacity for and oversight of Specialty Mental Health Services is present to support youth and their caregivers.

To that end, agency partners agree to share necessary information and processes required to support recruitment and retention efforts including, but not limited to, joint review of STRTP and FFA Program Statements and applications, joint investigation of complaints or grievances, joint drafting and execution or contracts with providers, and jointly delivering technical assistance and oversight, including on-site reviews of programs and services. See element H below for additional detail. (Additional county specific language or reference to Policy and Procedure may be placed here).

H. INFORMATION AND DATA SHARING

( ) County has and maintains an agreement with the state Department of Social Services to share client specific information in order to foster timely and appropriate care and to share in the state’s pursuit of outcomes that inform improved services to youth served by its systems.

System Partners agree, to the fullest extent allowed by law, to share necessary and relevant client specific information in order to conduct treatment, coordinate care and assure the highest quality care is available to youth and caregivers. This includes use of a single, uniform Release of Information (ROI) form. (Insert ROI policy or relevant local practice language here.)

System Partners acknowledge that the child welfare agency is authorized to disclose information to the Medicaid (Medi-Cal) agency for purposes directly related to the administration of either program. (42 United States Code (U.S.C.) § 671(a)(8)(A). Medi-Cal funded providers are likewise authorized to disclose information to the child welfare agency for purposes directly related to the administration of the Medi-Cal program. “Directly related” includes determining the amount of medical assistance and providing services for recipients. (42 U.S.C. § 1396(a)(7); 42 C.F.R. § 421.302 (2009).
System Partners further agree to the use of local rule of court as found in Attachment 2. (See Sample attached)

I. QUALITY MANAGEMENT AND PROVIDER OVERSIGHT

System Partner agencies have many required and varied responsibilities relative to tracking, monitoring, evaluating and reporting its services to state agencies, and additional responsibilities for evaluation of contractors and vendors. While these requirements have many unique forms and processes, there are critical areas where System Partner's shared goals may be enhanced and where cost savings may be realized.

To that end, partner agencies agree to identify where System Improvement, Child Family Services Review, Case Review, EQRO, Local Accountability Plans, Triennial MHP Review, Juvenile Justice Commission (Insert other processes as desired) will be coordinated and resources and processes shared via this agreement. (Insert reference to policy and procedure or insert additional detail here to support joint oversight processes)

J. STAFF RECRUITMENT, TRAINING AND COACHING

System Partners acknowledge the value of having highly trained and competent staff teams. In order to assure that social workers, probation officers, therapists, doctors, clinicians, support and administrative personnel are fully prepared to deliver the seamless and integrated services as outlined in this agreement, partners agree to coordinate the recruitment, training and coaching of staff.

The ILT members agree to the sharing of or joint delivery of Performance Evaluation and supervision of certain key managers and supervisors with the system partnership. The ILT Administrator will coordinate these joint Performance Review processes. These evaluations will then be forwarded to the appropriate Appointing Authority for use, as appropriate, in the employee’s formal performance evaluation.

Training or in-service content which may be of value to System Partner staff or other key partners will be planned and delivered via joint process. Financial training resources will be used in the most flexible and adaptable manner possible to facilitate the cross training and preparation of team members. (Insert additional detail here as desired)

K. FINANCIAL RESOURCES/MANAGEMENT

Notwithstanding the generally categorical nature of each System Partner's revenues, partners will inform the ILT membership about available funding. State and Federal revenues including on-going funding, one-time funding opportunities, revenue enhancements and Request for Proposals (RFP), and grant opportunities for programs and services for children, youth and families.

Funding may consist of federal, state, local, or private resources within the discretion of the Systems Partners, and will be sought or applied for, planned, monitored and distributed according to joint decisions of the ILT. Funding decisions subject to approval by the governing body of each partner agency will be brought to those governing bodies with a recommendation to approve the joint decision of this ILT.

L. DISPUTE RESOLUTION MECHANISM:

While ILT member agencies and leaders will utilize a shared decision making process for all programs and services identified by the system partners, challenges and disagreements will be present, sometimes based in conflicting 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. For case-specific disputes associated with a CFT or IPC process, the agencies will use the process outlined in element “B” above.

For other types of disputes, typically associated with policy, direction, sharing of resources, strategy or related cross agency issues, Directors, Chiefs and Department Heads will seek to settle relevant disputes by focusing on the shared vision, values and practices of this agreement and with acknowledgement that youth and family members generally are unaware of and have no particular interest in consideration of which agency is more or less responsible for their care.

Consensus will be the preferable model; however, if consensus cannot be reached, decisions may be made by a simple majority vote of the ILT members.

In some cases, referral to an expert may assist the parties. The County Executive Office or Board of Supervisor’s staff may be of assistance. Other informal arbitration resources may include the presiding judge of the juvenile court.

**Performance to Continue During Dispute**

Performance of this Agreement shall continue during any necessary dispute proceeding or any other dispute resolution mechanism. No payment due or payable by the any System Partner shall be withheld on account of a pending reference to arbitration or other dispute resolution mechanism except to the extent that such payment is the subject of such dispute.

*(Insert additional local Dispute Resolution language needed here)*

**VIII. MUTUAL HOLD HARMLESS PROVISION:**

Each of the governmental entities 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").

Employees of each Signator shall not be considered employees or joint employees of the other Signators for purposes of workers' compensation, common law employment or statutory employment obligations or benefits.

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 Signators.
This Memorandum was approved and signed this *(Insert Date Here)*

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Interagency Services to Children, Youth, and Families Identification of Applicable Programs
(Insert County Programs subject to inclusion here)

COUNTY OFFICE OF EDUCATION OR EDUCATIONAL AUTHORITY:

- Foster Youth Services School Attendance Review Board/School Attendance Mediation Programs
- Youth Suicide Intervention/Prevention Training and Protocols
- School Based Prevention/Early Intervention Programs
- Positive Behavior Intervention and Support Training and Support
- Multi-Tier Systems development for school and community wellness

PROBATION:

- Juvenile Diversion Services
- Intensive Services Caseload (ISC)
- Juvenile Drug Court, School and Probation Officers
- Juvenile Detention Facility Mental Health Services
- Probation Family Preservation
- Juvenile Justice and Crime Prevention Programs
- Functional Family Therapy
- Placement Services

HEALTH AND HUMAN SERVICES (SOCIAL SERVICES):

- Family and Children's Services Emergency Response, Information & Referral, Child Welfare Services: Adoptions and Guardianship, Foster Care
- Children's Mental Health Services - Assessment, Triage and Medication management, Outpatient, Inpatient, Therapeutic Behavioral Services
- Resource Family Approval, Recruitment and Licensure
- Substance Abuse Prevention
- Dependency Drug Court
- Perinatal Substance Abuse Programs
- CHOP Health Education Passports
- Wraparound Services
- Supervised Visitation, Transportation and Respite Services
- Independent Living Program (ILP)
- Transitional Housing Placement and Support Programs (THP-Plus)
- Children's Trust Fund
- Kinship Support Services
- Substance Abuse Prevention and Treatment Services
Scope of Interagency Policy Development, Coordination and Monitoring of Programs

COUNTY OFFICE OF EDUCATION OR EDUCATIONAL PARTNER:

- Juvenile Court Schools and County Community Schools
- COE Prevention Services
- COE/CalWORKs Children's Services
- District School Based - School Linked Services

PROBATION:

- Juvenile Ward Health Care Services to Juvenile Detention Facility and other programs
- Out-of-Home Delinquency Placement Function

HEALTH AND HUMAN SERVICES:

- Community Health Substance Abuse Prevention Programs
- Multi-Disciplinary Interview Center (MDIC) (District Attorney)
- Mental Health Services Act

COURT PROGRAMS:

- Juvenile Court Programs
- Court Improvements
- Mediation Programs

OTHERS:

- Court Appointed Child Advocates
- Child Abuse Prevention Councils

ILT Team Other Connections; Providing Guidance, Advice and Input Only

- Various School Based School Linked Service Programs
- School Resource Officers
- Family Resource Centers
- Family Law Mediation and STEP Programs
- Child Abuse Prevention Council Stakeholders Process
- First Five Commission/Projects
- Youth Commission
ADDENDUM 2 (Information Sharing)

Sample Local County Order of the Court—

“Order Authorizing Health Assessments—Routine Health Care, And Release of Information” -- Once a child is taken into CWS protective custody, the order will be the document that serves to allow for routine healthcare/dental care and information sharing. The order is not made for each child, but is a blanket order that applies to all children in CWS custody. This means a child taken into custody pending dependency jurisdiction and throughout the Juvenile Court case (as long as CWS has custody/jurisdiction).

i. The order applies to all current dependents as well.

ii. There is no need to keep a copy of the order in each child’s case file.

iii. When a service provider (including medical/dental and mental health) requests a consent to treat or an authorization to share information, the SW will send a copy of the order to the provider.

iv. For families receiving CWS Services, if a provider requires additional authorization to release a psychological evaluation to CWS a separate order will be used.