

# DESK REFERENCE FOR REGIONAL CENTER SYSTEM OF CARE (SOC) COORDINATORS

Last updated: 2/4/2025



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This Desk Reference has been created for regional center (RC) System of Care (SOC) Coordinators. It contains links to relevant documents, websites, and resources to help you understand California's complex SOC and how to access services and supports from multiple systems. Links labeled (SharePoint Link) are only accessible to those who have access to the DDS SOC SharePoint site.

This is a living/shared document, and we will be updating and adding to this on an ongoing basis. Please make sure you are looking at the most recent update. Additionally, we are looking to you to share any resources or ideas that you may have to keep this document relevant and current.

If you are an RC SOC Service/Program Coordinator and need access to the [DDS SOC SharePoint](#) site, please contact:

**DDS System of Care** ([leah.dempsey@dds.ca.gov](mailto:leah.dempsey@dds.ca.gov) or [systemofcare@dds.ca.gov](mailto:systemofcare@dds.ca.gov)).

## Bills and Guidance on Assembly Bill (AB) 2083 and AB 153

- [California Health and Human Services Agency \(CalHHS\) SOC Webpage](#)
- [AB 2083 Bill Text](#)
- [AB 2083 Technical Information Notice](#)
- [AB 2083 Guidance Letter](#)
- [AB 2083 MOU Guidance](#)
- [AB 153 Trailer Bill Text](#) Trailer bill that amended Welfare and Institution Code (WIC) - 16521.6. "[requires]...the MOU [to contain] processes, as developed through tribal consultation with the federally recognized tribes within each county, for engaging and coordinating with tribes in the ongoing implementation of the MOUs..."
- [AB 153 MOU Guidance](#)

## California SOC Webinars Guidance

- [Children and Youth System of Care Technical Assistance](#)

## California SOC Reports

- [Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma](#)
- [AB 2083 - Multiyear Plan for Increasing Capacity Legislative Report](#)
- [Supplementary Analysis to the Multiyear Plan](#)
  - [Appendix A. AB2083](#)
  - [Appendix B. Data Dictionary](#)

- [Appendix C. Methods](#)
- Children and Youth System of Care Annual Technical Assistance Data Reports
  - [2021](#); [2022](#); [2023](#)

## California SOC Resources

- [Integrated Core Practice Model](#) California's guidebook and the [Integrated Training Guide \(ITG\)](#) on how to integrate systems to support Systems of Care.
- [AB 2083 System of Care Information Library](#) Resource and information library developed for the Foster Youth Services Coordination Program (FYSCP) about supporting multi-system involved youth in California.
- [CalHHS System of Care](#)

## DDS Specific Resources

### STAR and CAST

- [ALL STAR-CAST Brochure](#) (SharePoint Link)
- [CAST Referral Form](#) (SharePoint Link)
- [CAST Release of Information](#) (SharePoint Link)
- [4418 - STAR Referral Checklist](#) (SharePoint Link)

### Dual Agency Homes (For youth involved with or at-risk of Child Welfare (CW) involvement)

- [Dual Agency Home Guidance Letter](#) (SharePoint Link)
- [Dual Agency CCH-EBSH Referral Form](#) (SharePoint Link)

### START Crisis Services

- [National Center for START Services](#)
- [START Description and Fact Sheet](#)

## Placement and Setting Options

- [List of Mental Health Rehabilitation Centers](#)
- [List of IMDs](#)
- [24 Hour Residential Care Facilities for Children and Foster Family Agencies](#)
- [List of County LPS Designated Facilities](#)
- [List of Psychiatric Facilities](#)
- [List of ICFs for Children](#) (SharePoint Link)
- [Children's PHFs-Psychiatric Health Facilities](#) (SharePoint Link)

## One-Page Profiles on Different Systems

- [Child Welfare Services](#)



- [Specialty Mental Health Services](#)
- [Regional Center Early Start](#) and [Lanterman Services](#)
- [Rehabilitation Services](#)
- [California Department of Education \(CDE\) - Special Education](#)
- [CDE Foster Youth Services \(FYS\)](#)

## CDSS Specific Resources (only for youth with CW involvement)

- [SOC Child & Youth Specific Technical Assistance \(TA\) Referral Form](#) (SharePoint Link) Referral form to request a child specific TA call for a youth with complex needs.
- [Complex Care Resource Guide \(2022\)](#) Guide the provides an overview of all the resources CDSS provides to support youth involved with child welfare who have complex needs.
- [Case Consultations with Dr. Haleigh Scott](#) Consultation to help providers blend behavioral and mental health supports for youth involved with child welfare who have complex support needs.
- [UC Davis TEAM Program](#) Consultation for psychiatric diagnostic clarification for youth involved with child welfare who have complex support needs.
- [ACL 23-28](#) Updated Supplemental Security Income Application and Qualification Guidelines to assist Foster Youth and Non-Minor Dependents (SB 187).

## AB 12 – Extended Foster Care (EFC)

- [FAQs Page](#) on EFC
- AB 12 – EFC [Slide Deck](#)
- [ACL 11-61](#) Extension of Aid to Families with Dependent Children-Foster Care for youth who were in foster care before age 18 and wish to continue beyond age 18.
- [ACL 11-69](#) Provides instructions on the policies and procedures of the EFC Program.
- [ACL 11-77](#) Provides instructions on the policies and procedures for the placement of Non-Minor Dependents (NMD) in the EFC Program.
- [ACL 11-85](#) Provides information on probation youth access to the EFC Program and includes a discussion of the new mechanism which allows for and defines how wards of the court can access the EFC Program.

## CDE Specific Resources

- [AB 490 Educational Liaisons](#) Link to identify and contact Foster Youth Liaisons.
- [Program Coordinators](#) Link to identify and contact FYS Program Coordinators.
- [Field Guide for Creating Integrated, School-Based Systems of Care](#) Link to a guide outlining current efforts toward a school-based child-serving system.
- [California Multi-Tiered System of Support \(MTSS\)](#) Link to information on MTSS.
- [Non-Regulatory Guidance](#) on *Ensuring Educational Stability and Success for*

*Students in Foster Care.*

## Tribal Specific Resources

- [Indian Child Welfare Act \(ICWA\) Desk Reference](#)
- [CDE Tribal Consultation Toolkit](#)
- [Child and Family Teams - Tribal Engagement Guide](#)
- [Tribal Leaders Directory](#) A website to look up federally recognized Tribes in your area.

## DHCS Specific Resources

- Resources surrounding [Enhanced Care Management](#) and other supports.
- [ACL 24-35](#) Elimination of Required Mental Health Screening and Replacement with Required Referral to County Mental Health Plans for all Children with an open Child Welfare or Juvenile Probation Placement Case.
- [BHIN 21-073](#) Criteria for beneficiary access to Specialty Mental Health Services (SMHS), medical necessity, and other coverage requirements
- [BHIN 22-003](#) Medi-Cal Substance Use Disorder (SUD) treatment services for beneficiaries under age 21.
- [BHIN 24-025](#), [ACL 24-43](#) Presumptive Transfer Related to Children and Youth in Foster Care Place in Out-of-County Short-Term Facilities.

## Resources for the Unhoused

- [California Homeless Education and Technical Assistance Center Resources](#) and technical assistance for supporting unhoused youth in the education system.
- [Behavioral Health Services Act](#) Information regarding the new Behavioral Health Services Act in relation to supporting housing of eligible individuals.

## Tools and Resources to Support Children and Youth in Foster Care

- [Court Companion Guide](#) Court Companion guide for foster youth.
- [Best Practices Guide](#) Best Practices Guide to improve educational outcomes for children and youth in foster care.
- [Public Funding for School-Based Mental Health Programs](#) Overview of mental health programs available in an education setting.

## Child and Adolescent Needs and Strength Assessment (CANS) and Child and Family Team (CFT) Meetings

- [Video- Brief overview of CANS](#)
- [Video- Intro to CFTs](#)

- [Video- Using CFT and the CANS](#)
- [Video- Town Hall with John Lyons- Developer of CANS](#)
- [Video- Using CANS to support placement decisions](#)
- [ACL 18-09/MHSUDS IN 18-007](#) Requirements for implementing the CANS within a CFT.
- [ACL 24-35](#) Child welfare agencies and juvenile probation depts. must submit referrals to the appropriate MHPs for all children and youth within 3 business days of opening a child welfare case or juvenile probation placement case, and on an ongoing basis, as determined necessary by the CFT and as informed by the CANS.

## National SOC Resources and Research Articles

- [Research Article- The Evolution of the Systems of Care Approach](#)
- [Research Article- Evidence Informed Practice in Systems of Care](#)
- [Building a Systems of Care - A Primer \(2nd Edition\) - Georgetown University](#)

## Information about Family First Prevention Services Act (FFPSA)

- [Family First Prevention Services Act](#)
- [California's Five-Year State Prevention Plan](#)
- [Video- FFPSA Overview](#) and from the [Judicial Council](#)

## Guidance on Data Sharing

- [CalHHS Sharing Health Information Guidance \(SHIG\) Website](#)
- [SHIG- For People Living with I/DD](#)
- [SHIG- For Minors and Foster Youth](#)
- [WIC 10850](#)

## Resources for Commercial Sexual Exploitation of Children (CSEC)

- [CDE- CSEC Information Website](#) Information and resources on CSEC from California Department of Education.
- [CDSS-Child Trafficking Response Unit \(CTRU\)](#) Information and resources on CSEC from California Department of Social Services.

## Supported Decision Making (SDM) and Person-Centered Planning

- [Supported Decision Making](#) Information, videos, and guidance about SDM and guardianship provided by the UC Davis Mind Institute.
- [FAQS About SDM](#) Information regarding AB 1663 which reformed California's probate conservatorship system to help adults who have a developmental disability and need support to lead self-determined lives.

- [National Resource Center for Supported Decision Making](#) Information about supported decision making and a state-by-state search for current laws regarding guardianship.
- [Person-Centered Planning](#) An approach to determine and plan for/work toward the preferred future of a person with developmental disabilities. Regional center consumers can develop a Person-Centered Plan (PCP) and enroll in the [Self-Determination Program \(SDP\)](#) with the help of their service coordinator.

## Resources for Supporting People with Autism and other I/DD Diagnoses

*These are helpful resources and free trainings that can be provided to local SOC partners, vendors, caregivers, providers, etc.:*

- [DDS Autism Resource Hub](#) Information and tools related to Autism, and a place to learn about Autism and related services in California.
- [AFIRM Modules- Autism Focused Intervention Resources and Modules](#) Free online learning modules on how to conduct different evidence-based procedures to assist individuals with an Autism diagnosis.
- [ACT- Autism Community Training](#) Online learning modules developed by clinicians that teach parents and professionals how to support individuals with an Autism diagnosis.
- [Rare Chromosome Disorder Support Group](#) Free information and resources to support individuals with a variety of rare chromosomal deletions and other disorders.
- [Prader-Willi California Foundation](#) Resources, information, and professional training to support individuals with Prader Willis Syndrome.
- [Relationships Decoded](#) Free online curriculum for teaching individuals with I/DD about relationships and sexuality.

## Glossary of Common RC/SOC Terms and Acronyms

### **Additional Medication Assisted Treatment**

Consists of physician services that includes ordering, prescribing, administering, and monitoring of all medications for substance use disorders.

### **Adoption Assistance Program (AAP)**

The Adoption Assistance Program (AAP) is an entitlement program to provide financial and medical coverage to facilitate the adoption of children who otherwise would remain in long-term foster care. The California State Legislature created the AAP with the intent to provide the security and stability of a permanent home through adoption.

### **Adult Family Home Agency 18+ (FHA)**

Adult Family Home Agencies coordinate care for people living in homes that have been certified to



provide care to non-related adults. The providers offer family-type care to the people living with them and care for only one or two adults at a time. The Adult Family Home Agency is responsible for developing, supporting, and monitoring the homes, and they work with Regional Center Service Coordinators to make a good match between homes and residents.

### **American Society of Addiction Medicine (ASAM) Levels of Care**

The American Society for Addiction Medicine (ASAM) criteria are an industry-standard framework used by substance use disorder providers to conduct a multidimensional assessment to explore individual risks, needs, strengths, and skills and determine the most appropriate course of substance use treatment within five broad levels of care that vary in intensity. DMC-ODS counties must use this framework with all beneficiaries that receive Medi-Cal funded SUD services; residential treatment facilities in California are required to use it as well.

### **Assembly Bill 2083**

AB 2083 (2018, Cooley) requires each county to develop a memorandum of understanding (MOU) to describe the roles and responsibilities certain entities that serve children and youth in foster care who have experienced severe trauma, and instructs the Secretary of California Health and Human Services, and the Superintendent of Public Instruction to establish a joint interagency resolution team.

### **Assembly Bill 403**

AB 403 (2015, Stone) began the process of reforming the continuum of care (CCR) for foster children and youth. The reform effort aimed to make sure that children and youth in foster care have their day-to-day physical, mental, and emotional needs met; that they have the greatest chance to grow up in permanent and supportive homes; and that they can grow into self-sufficient, successful adults. AB 403 advanced California's long-standing goal to move away from the use of long-term group home care by increasing youth placement in family settings and by transforming existing group home care into places where youth who are not ready to live with families can receive short term, intensive treatment.

### **Behavioral Assessment**

An assessment method used in the field of psychology to observe, describe, explain, predict, and sometimes correct behavior. Behavioral assessment can be useful in clinical and educational settings.

### **Behavioral Interventions [Including, Applied Behavior Analysis (ABA)]**

Services that provide a variety of health care professionals to address behavioral challenges in various settings. For some of these services the primary funding sources are Medi-Cal or private insurance.

### **Behavior Intervention Plan (BIP)**

A Behavior Intervention Plan (BIP) takes the observations made in a Functional Behavioral Assessment and turns them into a concrete plan of action for managing a student's behavior. A student's Individualized Education Program team creates these plans.

### **Biopsychosocial Assessment**

An assessment that gathers information about the major physical, psychological, and social issues of

the individual. This approach is called holistic because it posits that separate issues are often related.

### **California Children's Services (CCS)**

CCS is a state program for children with certain diseases or health problems. This program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions. CCS will connect you with doctors and trained health care people who know how to care for your child with special health care needs.

### **Case Management (Drug Medi-Cal Organized Delivery System)**

Case management services are defined as a service that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

### **Child and Adolescent Needs and Strengths (CANS) Tool**

CANS is a multi-purpose tool that supports decision-making, including level of care and service planning, which allows for the monitoring and outcome of services. When used as part of the Child and Family Team (CFT) process, as California is doing, the CANS tool can help guide conversations among CFT members about the well-being of children and youth, identify their strengths and needs, inform and support care coordination, aid in case planning activities, and inform decisions about placement. [Click here to learn more about the CANS tool.](#)

### **Children's/Adults Community Crisis Homes (CCH)**

Community Crisis Home means a Children's or Adult Residential Facility certified by the Department of Developmental Services and licensed by The Department of Social Services that provides 24-hour nonmedical care to individuals with developmental disabilities receiving regional center services and in need of crisis intervention services under specified requirements.

### **Child and Family Team (CFT)**

The CFT process begins when a child or youth enters foster care, and a child welfare social worker or juvenile probation officer engages with a child or youth and his or her family and then uses a variety of strategies to identify other team members, the child or youth's strengths, the child, youth, and family's concerns, and a plan to help achieve positive outcomes for safety, permanency, and well-being. This strengths-based approach to practice recognizes that families are experts in their own lives, and they can achieve success when they have an active role in creating and implementing solutions. The CFT process aligns with recent implementation of the Child and Adolescent Needs and Strengths (CANS) Assessment tool by CDSS and the Department of Health Care Services (DHCS). [Click here to learn more about how the CANS and the CFT process work together.](#)

### **Commercial Sexual Exploitation of Children (CSEC)**

CSEC refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person. CSEC also includes situations where a child, whether or not at the direction of any other person, engages in sexual activity in exchange for anything of value, which includes non-monetary things such as food, shelter, drugs, or protection from any person.

### **Continuum of Care Reform (CCR)**

CCR draws together a series of existing and new reforms to our child welfare services program designed out of an understanding that children who must live apart from their biological parents do best when they are cared for in committed nurturing family homes. Assembly Bill 403 provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family. CCR is designed to meet the individualized needs of children and youth in foster care who have experienced trauma, abuse, and neglect, and meaningfully supports for the families that care for them. The reform is founded on child development research, including research related to adverse childhood experiences, and practice knowledge showing that resilience and recovery from trauma is best supported by loving, accepting and healthy parenting, while recognizing that state and local programs must support caregivers in meeting the educational, developmental, physical, and behavioral health needs of children and youth involved in the child welfare and probation systems.

### **Crisis Assessment Stabilization Team (CAST)**

DDS State-operated mobile crisis service provided by the Crisis Assessment and Stabilization Team (CAST) which is housed at North and South STAR. The CAST is designed to provide partnerships, assessments, training, and support to individuals continuing to experience crises after regional centers have exhausted all other available crisis services in their catchment areas and the individuals are at risk of having to move from their family home or out of home placement and admitted to a more restrictive setting.

### **County Offices of Education**

There are 58 county offices of education that provide services to the state's school districts. The county offices have elected governing boards and are administered by elected or appointed county superintendents. The county superintendent is responsible for examining and approving school district budgets and expenditures. County offices of education support school districts by performing tasks that can be done more efficiently and economically at the county level. County offices provide or help formulate new curricula, staff development and training programs, and instructional procedures; design business and personnel systems; and perform many other services to meet changing needs and requirements. When economic or technical conditions make county or regional services most appropriate for students, county offices provide a wide range of services, including special and vocational education, programs for youths at risk of failure, and instruction in juvenile detention facilities.

### **County Executive Team**

The executive leadership team of any county including the Members of the Board of Supervisors, The County Executive, County Cabinet Members, and relevant department heads.

### **County Managed Care Plan**

Medi-Cal Managed Care provides high quality, accessible, and cost-effective health care through managed care delivery systems and contracts for health care services through established networks of organized systems of care, which emphasize primary and preventive care. Medi-Cal beneficiaries in all 58 California counties receive their health care through six main models of managed care: Two-Plan, County Organized Health Systems (COHS), Geographic Managed Care (GMC), Regional

Model (RM), Imperial, and San Benito. Medi-Cal providers who wish to provide services to managed care enrollees must participate in the managed care plan's provider network.

### **Crisis Intervention Services**

An unplanned, expedited service, to or on behalf of a beneficiary to address a condition that requires more timely response than a regularly scheduled visit. Crisis intervention is an emergency response service enabling a beneficiary to cope with a crisis, while assisting the beneficiary in regaining their status as a functioning community member. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting.

### **Crisis Residential Treatment Services**

Services are therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program (short term--3 months or less) as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, improve, and/or preserve interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week and structured day and evening services are available all seven days.

### **Crisis Stabilization Services**

Is an unplanned, expedited service lasting less than 24 hours, to or on behalf of a beneficiary to address an urgent condition requiring immediate attention that cannot be adequately or safely addressed in a community setting. The goal of crisis stabilization is to avoid the need for inpatient services which, if the condition and symptoms are not treated, present an imminent threat to the beneficiary others, or substantially increase the risk of the beneficiary becoming gravely disabled.

### **Day Rehabilitation**

Day Rehabilitation is a structured program including rehabilitation, skill building groups, process groups, and adjudicative therapies which provides services to a distinct group of individuals. It may also include therapy, and other interventions. Day rehabilitation is intended to improve or restore personal independence and functioning necessary to live in the community or prevent deterioration of personal independence consistent with the principles of learning and development.

### **Day Treatment Intensive**

Day Treatment Intensive is a structured, multi-disciplinary program including community meetings, a therapeutic milieu, therapy, skill building groups, and adjunctive therapies, which provides services to a distinct group of individuals. It may also include rehabilitation, process groups and other interventions. Day treatment intensive is intended to provide an alternative to hospitalization, avoid placement in a more restrictive setting, or assist the beneficiary in living within a community setting. Services are available for at least three hours each day. The Day Treatment Intensive program is a program that lasts less than 24 hours each day.

### **Developmental Assessments to Determine Regional Center Eligibility**

Regional centers provide diagnosis and assessment of eligibility and help plan, access, coordinate and monitor the services and supports that are needed because of a developmental disability. There is no charge for the diagnosis and eligibility assessment.

## **Department of Rehabilitation Student Services**

The Department of Rehabilitation (DOR) engages with local educational agencies and high schools to provide DOR Student Services. DOR Student Services include: job exploration counseling, work-based learning experiences, counseling on opportunities to enroll in transition or postsecondary educational programs, workplace readiness training (social skills and independent living), and instruction in self-advocacy. A student with a disability may also apply for the broader scope of Department of Rehabilitation vocational rehabilitation services.

## **Drug Medi-Cal Organized Delivery System (DMC-ODS)**

California's expanded continuum of care for substance use disorders within Medi-Cal is known as the Drug Medi-Cal Organized Delivery System, or DMC-ODS. The DMC-ODS is authorized under a Section 1115 Medicaid demonstration waiver and participation is optional for each county. As of September 2020, 37 counties were offering DMC-ODS services, covering more than 90 percent of the state's Medi-Cal population. Counties that do not participate in the DMC-ODS offer Medi-Cal coverage for SUD services through the state plan Drug Medi-Cal program.

## **Early Start**

The Department of Developmental Services (DDS) oversees the coordination and provision of services and supports for most Early Start infants and toddlers. The Early Start program (California Early Intervention Services Act [CEISA], Government Code, Title 14, Sections 95000-95029.5) is California's early intervention program for infants and toddlers ages zero to three with disabilities and their families. Early Start is a multiagency effort by the Department of Developmental Services, in collaboration with the California Department of Education. Early Start services are available statewide and are provided in a coordinated, family-centered system and may be accessed through regional centers and local educational agencies.

## **Enhanced Behavioral Supports Homes (EBSH)**

A facility certified by the State Department of Developmental Services (DDS) and licensed by CCLD as a group home that provides 24-hour non-medical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting. An enhanced behavioral supports home has a maximum capacity of four individuals.

## **Family Finding**

Family finding and engagement is a broad concept which encompasses not only the statutory requirements pertaining to identifying, locating and notify the relatives of child and youth in foster care, but also related efforts to foster life-long familial connections for children and youth in care. These additional efforts, which are meant to enhance the long-term well-being of children and youth in care, are an important component of California's Continuum of Care Reform. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections.

## **Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)**

The EPSDT benefit provides comprehensive health coverage for all children under age 21 who are enrolled in Medicaid, or Medi-Cal in California. Consistent with state and federal law and regulations for EPSDT, Medi-Cal covers all medically necessary services, including those to "correct or ameliorate" defects and physical and mental illnesses or conditions. This includes, but is not limited to, physician, nurse practitioner and hospital services; physical, speech/language, and occupational



therapies; home health services, including medical equipment, supplies, and appliances; treatment for mental health and substance use disorders; and treatment for vision, hearing, and dental diseases and disorders. All of these services are at no-cost to individuals under age 21 who have full-scope Medi-Cal. Click [here](#) for more information on the EPSDT services.

### **Foster Family Agency (FFA)**

A foster family agency is a public agency or private organization, organized and operated on a nonprofit basis that does any of the following: (A) Recruiting, certifying, approving, providing training for, and providing professional support to, foster parents and Resource Families. (B) Coordinates with county placing agencies to find homes for foster children in need of care. (C) Provides services and supports to licensed or certified foster parents, county-approved Resource Families, and children. Additionally, Foster Family Agencies are residential options for children with developmental disabilities, that represent a collaborative effort between two service systems – developmental disabilities and social services/community care licensing. They are privately operated organizations licensed by the Community Care Licensing Division of the State Department of Social Services to care for children up to age 18 in certified foster family homes. FFAs are responsible for the recruitment, training, and certification of families to provide alternative homes for children. FFAs monitor and provide oversight for the homes they have certified and have the authority to decertify homes when necessary. In addition, through the use of professional staff such as social workers, FFAs provide ongoing support to certified parent(s) and the children who live with them.

### **Family Educational Rights and Privacy Act (FERPA)**

FERPA is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students." Generally, schools must have written permission from the parent or eligible student to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

### **Foster Youth Services Coordinating Programs (FYSCP)**

FYSCP were established by the Legislature in 2015 so that the county office of education could support interagency collaboration and capacity building, both at the system and individual pupil level, focused on improving educational outcomes for pupils in foster care. This is a key component to the successful implementation of the local control funding formula (LCFF). The FYSCPs support and

facilitate collaboration and capacity building while preserving the ability to provide direct services such as tutoring, mentoring, counseling, transition, school-based social work, and emancipation assistance when there are identified gaps in service at the local level for foster youth. Each FYSCP established a local Executive Advisory Council (EAC) whose members include local or Tribal welfare probation departments, the courts, and other stakeholders. The EAC establishes that these services are needed, coordinates services to avoid redundancy, and aligns its efforts with local control and accountability plan priorities.

### **Health Insurance Portability and Accountability Act of 1996 (HIPPA)**

HIPPA is federal legislation that provides data privacy and security provisions for safeguarding medical information. HIPPA required the Secretary of the U.S. Department of Health and Human Services (HHS) to develop regulations protecting the privacy and security of certain health information. To fulfill this requirement, HHS published what are commonly known as the HIPAA Privacy Rule and the HIPAA Security Rule. The Privacy Rule, or Standards for Privacy of Individually Identifiable Health Information, establishes national standards for the protection of certain health information. The Security Standards for the Protection of Electronic Protected Health Information (the Security Rule) establish a national set of security standards for protecting certain health information that is held or transferred in electronic form. The Security Rule operationalizes the protections contained in the Privacy Rule by addressing the technical and non-technical safeguards that organizations called “covered entities” must put in place to secure individuals’ “electronic protected health information” (e-PHI).

### **Individuals with Disabilities Education Act (IDEA)**

The Individuals with Disabilities Education Act (IDEA) is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities. Infants and toddlers, birth through age 2, with disabilities and their families receive early intervention services under IDEA Part C. Children and youth ages 3 through 21 receive special education and related services under IDEA Part B.

### **Individual Family Service Plan (IFSP)**

Infants and toddlers ages zero to three, with or at risk of a developmental disability and/or delay may be found eligible for early intervention services through the Early Start program. Once an infant or toddler is determined to be eligible for services, an Individual Family Service Plan (IFSP) is developed with a multidisciplinary planning team, including the parents. An IFSP is a written document or plan based on an assessment of the child’s needs and the needs and concerns of the family. An IFSP will address the strengths, and needs of the infant or toddler, parental concerns, and early intervention services identified. Specifically, the IFSP contains 1) information on the child’s present level of development in five developmental domains; 2) outcomes for the child and family; 3) services the child and family will receive to help them achieve the outcomes; 4) timelines; and 5) steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services. The federal Individuals with Disabilities Education Act (IDEA, 303.26) states that services are to be provided in the child’s “natural environment”.

### **Individual Program Plans (IPP)**

The Lanterman Developmental Disabilities Act (Lanterman Act) requires that a person who is found

eligible for regional center services, have a person-centered Individual Program Plan (IPP). The IPP is a written plan and agreement between the consumer and the regional center, which assists persons with developmental disabilities and their families to build their capacities and capabilities. This planning effort is not a single event or meeting, but a series of discussions or interactions among a team of people including the person with a developmental disability, their family (when appropriate), regional center representative(s) and others. The planning team decides what needs to be done, by whom, when, and how, if the individual is to begin (or continue) working toward the preferred future. The IPP is a record of the decisions made by the planning team. The IPP identifies 1) outcomes the consumer is working towards; 2) who will provide the services and/or supports; and 3) if there is a cost associated with the service or support, who will fund it.

### **Individualized Education Program (IEP)**

Each public-school child who receives special education and related services must have an Individualized Education Program (IEP). Each IEP must be designed for one student and must be a truly individualized document. The IEP creates an opportunity for teachers, parents, school administrators, related services personnel, and students (when appropriate) to work together to improve educational results for children with disabilities. The IEP is the cornerstone of a quality education for each child with a disability. To create an effective IEP, parents, teachers, other school staff--and often the student--must come together to look closely at the student's unique needs. These individuals pool knowledge, experience, and commitment to design an educational program that will help the student be involved in, and progress in, the general curriculum. The IEP guides the delivery of special education supports and services for the student with a disability.

### **Individualized Educational Program (IEP) Team**

Pursuant to Title 34 of the Code of Federal Regulations, section 300.321 the local educational agency must ensure that the IEP team for each child with a disability includes the parent of the child, not less than one regular education teacher (if the child is or may participate in general education), one special education teacher, LEA representative, an individual who can interpret the instructional implications of evaluation results, at the discretion of the parent or the LEA other individuals who have knowledge or special expertise regarding the child, and when appropriate the child with a disability.

### **Inpatient Hospital Detoxification Services**

Voluntary Inpatient Detoxification (VID) is a Medi-Cal covered benefit that is available to MCP members through the Medi-Cal fee-for-service (State Plan) Drug Medi-Cal (DMC) program. Members that meet medical necessity criteria may receive VID services in a general acute care hospital. The VID provider facility must not be a Chemical Dependency Treatment Facility or an Institution for Mental Disease. The VID service provider must submit a Treatment Authorization Request (TAR) to local Medi-Cal field offices for authorization. MCPs must provide care coordination with the VID service provider as needed. Documentation that is submitted with the TAR should verify that admission criteria as outlined above are met as well as demonstrate the medical necessity for the inpatient stay. Medical criteria for inpatient admission for VID must meet specified criteria as defined in DHCS All Plan Letter (APL) 18-001.

### **Institution for Mental Disease (IMD)**

Institutions for mental disease (IMD) are facilities that have 16 or more beds where individuals reside to treat mental illness, as well as receive medical and nursing care services (Title 42, Code of Federal

Regulations (CFR), § 435.1010). In California, IMDs can be psychiatric hospitals, psychiatric health facilities (PHF), skilled nursing facilities with special treatment programs (SNF-STP), mental health rehabilitation centers (MHRC), or state hospitals.

### **Intensive Care Coordination (ICC)**

ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to beneficiaries under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC service components include assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the ICPM, including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a child, their family, and involved child-serving systems.

The CFT includes formal supports (such as the care coordinator, providers, and case managers from child-serving agencies), natural supports (such as family members, neighbors, friends, and clergy), and other individuals who work together to develop and implement the client plan and are responsible for supporting children and their families in attaining their goals. ICC also provides an ICC Coordinator who:

- Ensures that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, client-driven, and culturally and linguistically competent manner.
- Ensures that services and supports are guided by the needs of the child.
- Facilitates a collaborative relationship among the child, their family, and systems involved in providing services to them.
- Supports the parent or caregiver in meeting their child's needs.
- Helps establish the CFT and provides ongoing support.
- Organizes and matches care across providers and child serving systems to allow the child to be served in their community.

### **Intensive Home-Based Services (IHBS)**

IHBS are individualized, strength-based interventions designed to correct or ameliorate mental health conditions that interfere with a child or youth's functioning and are aimed at helping the child or youth build skills necessary for successful functioning in the home and community. IHBS also improves the child or youth's family's ability to help the child or youth successfully function in the home and community. IHBS services are provided according to an individualized treatment plan developed in accordance with the ICPM by the CFT in coordination with the family's overall service plan, which may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral. IHBS is provided to beneficiaries under 21 who are eligible for full scope Medi-Cal services and who meet medical necessity criteria.

### **Intensive Services Foster Homes (ISFC)**

The ISFC program was created to provide supports to children and youth who require intensive treatment, including treatment for behavioral and specialized health care needs. Specifically, the ISFC program is intended to stabilize young people in foster care with the services they need in family settings.

### **Integrated Core Practice Model (ICPM)**

The Integrated Core Practice Model (ICPM) articulates shared values, core components and standards of practice expected from those serving California's children, youth, and families. The primary purpose of the document is to provide practical guidance and direction to support county child welfare, juvenile probation, behavioral health staff, and their community partners in using best practices for the delivery of timely, effective, and collaborative services to children, youth, non-minor dependents, and families. Derived from a compilation of Pathways to Well-Being Services, the ICPM is the enhanced rendition of previous service models that moves from working in an individual system/agency to working in a cross-system teaming environment.

### **Interagency Leadership Team (ILT)**

AB 2083 provides that the MOUs that are required to be established by counties include establishment and operation of a local interagency leadership team comprised of the county child welfare agency, county probation department, county behavioral health agencies, county office of education, regional center or centers and (in an advisory capacity) foster care or other child welfare advocacy groups, as deemed appropriate by the organizations that will be parties to the memorandum. AB 2083 provides guidance regarding the sharing of information and data between members of the interagency team.

### **Interagency Placement Committee (IPC)**

The 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/ non-minor dependent's history and current services and needs. The primary purpose of the IPC is to review and approve the initial or continued treatment of youth in a STRTP consistent with state law. While the IPC is required for STRTP placement the IPC can be a vehicle for the local team to review and consider placement options and innovative placement solutions for youth with complex needs.

### **Kinship Guardianship Assistance Payment Program (Kin-GAP)**

Kin-GAP program was established to promote permanency for foster children living with an approved relative caregiver by offering guardianship through the juvenile court when dependency is dismissed.

### **Lanterman Developmental Disabilities Services Act**

The Lanterman Developmental Disabilities Services Act and related laws are codified in the California Welfare and Institutions Code Divisions 4.1, 4.5, and 4.7 and Title 14 of the Government Code. The Lanterman Act outlines the rights of individuals with developmental disabilities and their families and the responsibilities of local regional centers and service providers. The Lanterman Act created an entitlement to services that enables Californians with intellectual and developmental disabilities and their families to the right for services and supports which will enable them to make decisions and choices about how, and with whom, they want to live their lives; achieve the highest self-sufficiency possible; and lead productive, independent, and satisfying lives as part of the community in which they live. This entitlement ensures that Californians with intellectual and developmental disabilities receive the right to live independent and productive lives in the



community with individualized planning and to live in appropriate, quality, community-integrated homes.

### **Local Education Agencies (LEA)**

As defined by Education Code section 56026.3 for special education a "local educational agency" means a school district, a county office of education, a nonprofit charter school participating as a member of a special education local plan area, or a special education local plan area. It can also be defined as, A public board of education or other public authority within a state that maintains administrative control of public elementary or secondary schools in a city, county, township, school district, or other political subdivision of a state. School districts and county offices of education are both LEAs. Under the Local Control Funding Formula, charter schools are increasingly treated as LEAs.

### **Least Restrictive Environment (LRE)**

In special education LRE means; to the maximum extent appropriate, individuals with exceptional needs, including children in public or private institutions or other care facilities, are educated with children who are nondisabled. Special classes, separate schooling, or other removal of individuals with exceptional needs from the regular educational environment occurs only if the nature or severity of the disability is such that education in the regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

### **Managed Care Plan/Organization**

Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care. A managed care organization is an organization that practices managed care principles. Most managed care systems utilize an HMO, EPO, PPO, or POS network design, limiting to varying degrees the number of providers from which a patient can choose, whether the patient must use a primary care physician, and whether out-of-network care is covered under the plan. It is a health plan or health company which works to provide quality medical care at a cost-effective price. Healthcare organizations include providers such as hospitals, doctors and other medical professionals and facilities who work together on behalf of patients.

### **Mental Health Services**

Mental Health Services are individual, group or family-based interventions that are designed to provide reduction of the beneficiary's mental or emotional disability, restoration, improvement and/or preservation of individual and community functioning, and continued ability to remain in the community consistent with the goals of recovery, resiliency, learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Mental health services may be provided face-to-face, by telephone or by telemedicine with the beneficiary or significant support person(s).

### **Multi-Tiered System of Support (MTSS)**

The California Department of Education defines MTSS as an integrated, comprehensive framework that focuses on core instruction, differentiated learning, student-centered learning, individualized student needs, and the alignment of systems necessary for all students' academic, behavioral, and social success. MTSS offers the potential to create needed systematic change through intentional design and redesign of services and supports that quickly identify and match the needs of all

students.

### **Non-Minor Dependents (NMD)**

The Non-Minor Dependent (NMD) is a current dependent child or ward of the juvenile court, or a nonminor under the transition jurisdiction of the juvenile court, who satisfies all of the following criteria: 1) has attained 18 years of age while under an order of foster care placement by the juvenile court, and is not more than 21 years of age; 2) is in foster care under the placement and care responsibility of the county welfare department, Indian Tribe, consortium of Tribes, or Tribal organization; and 3) has a transitional independent living case plan. The NMD meets the legal authority for placement and care by being under a foster care placement order by the juvenile court, or the voluntary reentry agreement, and is otherwise eligible for AFDC-FC payments. Payments shall continue if the NMD is completing secondary education or a program leading to an equivalent credential, enrolling in an institution which provides postsecondary or vocational education, participating in a program or activity designed to promote or remove barriers to employment, employed for at least 80 hours per month, or unable to engage in the activities listed above due to a medical condition.

### **Narcotic Treatment Programs**

Provide opioid medication assisted treatment to those persons addicted to opiates. NTPs also provide detoxification and/or maintenance treatment services which include medical evaluations and rehabilitative services to help the patient become and/or remain productive members of society.

### **Non-Public School (NPS)**

"Nonpublic, nonsectarian school" means a private, nonsectarian school that enrolls individuals with exceptional needs pursuant to an individualized education program and is certified by the department. It does not include an organization or agency that operates as a public agency or offers public service, including, but not limited to, a state or local agency, an affiliate of a state or local agency, including a private, nonprofit corporation established or operated by a state or local agency, or a public university or college. A nonpublic, nonsectarian school

### **Non-Related Extended Family Member (NERFM)**

The law defines a Non-Related Extended Family Member (NREFM) as an adult who has an established familial or mentoring relationship with the child, such as a godparent, a teacher, or a neighbor.

### **Occupational Therapy (OT)**

Regional centers can provide therapies specific to consumers' specialized needs, including occupational therapy (OT). OT can help consumers meet developmental milestones, overcome sensory challenges, improve self-care/activities of daily living, and develop play and self-regulation skills, among other outcomes.

### **Out-of-State Placement (OOS)**

Out-of-state placements are governed by the Interstate Compact on the Placement of Children (ICPC). The ICPC helps the County meet AFDC-FC service requirements for children placed out-of-state by creating a formalized process of reciprocal service provision outlined in the Inter-State Compact Act. The receiving state will provide services to California dependents in accordance with the terms of the ICPC.

### **Out-of-State Group Homes**

The Out-of-State group home provides residential care for the State's most difficult juvenile court wards and dependents whose needs cannot be met in a California licensed group home. Counties identify out of state facilities that provide unique programs for children not available in California. Licensing staff certify these out of state facilities and monitor the facilities for compliance with California laws and regulation. Out-of-state group homes are generally larger in size than six bed group homes typical of California. CDSS may only certify an Out-of-State group home that meets the same standards required in California.

Community Care Licensing Division provides regular ongoing monitoring and inspection of the licensed Out-of-State group homes.

### **Paid Internship Program (PIP)**

The PIP is a program paid for by the Department of Developmental Services (DDS) to increase competitive integrated employment (CIE) for people with an intellectual and developmental disability (ID/DD). The PIP pays at least minimum wage to a person with ID/DD when the person gets an internship position at a job they want.

### **Parent/Peer Partner**

An individual with lived experience with the child welfare system or mental health system who function as a mentor/advocate to support other parents currently involved in the child welfare system.

### **Parent Training**

Services to train an individual with a developmental disability support system to support their developmental and behavioral needs.

### **Partial Hospitalization**

Services feature twenty or more hours of clinically intensive programming per week. Level 2.5 partial hospitalization programs typically have direct access to psychiatric, medical, and laboratory services and are to meet the identified patient needs which require daily management but that can be appropriately addressed in a structured outpatient setting. Services consist of intake, individual and/or group counseling, patient education, family therapy, medication services, collateral services, crisis intervention, treatment planning, and discharge services. This service is claimed as a single unit per day.

### **Perinatal Residential Substance Use Disorder Services**

Covered services as well as mother/child habilitative and rehabilitative services; services access (i.e., provision or arrangement of transportation to and from medically necessary treatment); education to reduce harmful effects of alcohol and drugs on the mother and fetus or infant; and coordination of ancillary services (Title 22, Section 51341.1(c) 4).

### **Person-Centered Planning**

Person-centered planning, is an approach to determining, planning for, and working toward the preferred future of a person with developmental disabilities and her or his family. The preferred future is what the person and family want to do in the future based on their strengths, capabilities, preferences, lifestyle, and cultural background. Person-centered planning is a framework for

planning and making decisions. It is not a collection of methods or procedures. Person-centered planning is based on an awareness of, and sensitivity to, the lifestyle and cultural background of the consumer and family.

### **Physical Therapy**

Regional centers can provide therapies specific to consumers' specialized needs, including physical therapy (PT). PT can help consumers meet developmental milestones, along with healing from injuries or managing health conditions either in a short-term or long-term capacity.

### **Physician Consultation**

Physician consultation services are designed to assist DMC physicians with seeking expert advice on designing treatment plans for specific DMC-ODS Waiver beneficiaries. The DMC- ODS County will contract with addiction medicine physicians, addiction psychiatrists, or clinical pharmacists as consultants. Physician consultation services can only be billed by and reimbursed to DMC providers. One unit of service is equal to a 15-minute increment. Claims may be submitted with either minutes or fractional units of service.

### **Positive Behavioral Interventions and Supports (PBIS)**

Positive Behavioral Interventions and Supports (PBIS) is an evidence based three-tiered framework to improve and integrate all the data, systems, and practices affecting student outcomes every day.

### **Psychiatric Health Facility Services (PHF)**

Psychiatric Health Facility Services are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care.

### **Psychiatric Inpatient Hospital Services**

Include both acute psychiatric inpatient hospital services and administrative day services. Acute psychiatric inpatient hospital services are provided to children/youth for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness.

### **Psychological & Educational assessment**

Psycho-educational assessment uses objective, standardized measures to determine the child's cognitive ability (i.e., intelligence), to evaluate their information processing skills (i.e., memory, attention, graphomotor coordination, processing speed, executive function, phonological processing, etc.) and academic skills. Certain tests will also aid in determining possible behavioral, social, emotional, and psychological diagnoses that could interfere with a child's education or relationships.

### **Qualified Individual (QI) Assessment**

The QI is an assessment completed to determine if a child meets the level of care for an STRTP placement. The QI shall determine whether the child's needs can instead be met with family members, in a Tribally approved home in the case of an Indian child, or in another family-based setting. The QI's determination also documents why an STRTP is the most appropriate level of care and recommends treatment services and interventions for the child.

### **Regional Center Vendored Crisis Services**

Crisis support teams who can mobilize in the community when a consumer is in short-term behavioral crisis.

### **Regional Center Vendored Group Home (GH)**

A GH provides 24-hour non-medical care and supervision to children and nonminor dependents up to age 19, in a structured environment, with services provided by persons employed by the licensee. Children in a GH are in treatment programs under court jurisdiction or as dependent children removed from their homes because of abuse, neglect, or abandonment.

### **Related Services**

Related services mean, transportation and such developmental, corrective, and other supportive services as required to assist a child with a disability to benefit from special education pursuant to Title 34 of the Code of Federal Regulations section 300.34.

### **Resource Families**

A resource family is an individual or family that a County or Foster Family Agency has determined to have successfully met the application and assessment criteria necessary for providing care for a child or nonminor dependent who is under the jurisdiction of the juvenile court, or otherwise in the care of a county child welfare agency or probation department.

### **Resource Family Approved Home (RFA)**

After January 1, 2017, individuals applying to provide care for a foster child will apply through the RFA process. By January 2019, all certified family homes must be converted to Resource Families. The RFA process will streamline and eliminate the duplication of existing processes, unify approval standards for all caregivers regardless of the child's case plan, include a comprehensive psychosocial assessment, home environment check and training for all families (including relatives), prepare families to better meet the needs of vulnerable children in the foster care system and allow a seamless transition to permanency.

### **Respite Out-of-Home**

Services that provide a break from the daily care needs of a consumer to their family or caregiver and occurs outside of the family home.

### **Respite In-Home**

Services provided in the family home that enable a caregiver or family member a break from the daily care needs of the consumer.

### **School Attendance Review Board**

State law (EC Section 48321) provides for the establishment of School Attendance Review Boards (SARBs) at the local and county level that support enforcement of compulsory education laws and seek to divert students with school attendance or behavior problems from the juvenile justice system. Additionally, EC Section 48325 established a State SARB for statewide policy coordination and personnel training.



## **School Education Local Plan Areas (SELPA)**

Special Education Local Plan Areas (SELPA) are regional consortiums of school districts that provide for all special education service needs of children residing within the region boundaries. In each region SELPAs developed a local plan describing how it would provide special education services and ensure that all students who are eligible for special education must be provided with a free appropriate public education in the least restrictive environment. SELPAs are responsible to ensure that there is a regional in place for the identification, assessment, and placement of disabled students, including broad community engagement, and that a required annual compliance monitoring system is implemented.

## **Section 504 Plan**

As outlined in the Rehabilitation Act of 1973, Section 504 Plans are formal plans that schools develop to give kids with disabilities the support they need. These plans prevent discrimination, cover any condition that limits daily activities in a major way, and they protect the rights of kids with disabilities in school.

## **Specialty Mental Health Services (SMHS)**

The Department of Health Care Services (DHCS) administers California's Medicaid program (Medi-Cal). The Medi-Cal Specialty Mental Health Services (SMHS) program is "carved-out" of the broader Medi-Cal program and operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services under Section 1915(b) of the Social Security Act. DHCS is responsible for administering and overseeing the Medi-Cal SMHS Waiver Program, which provides SMHS to Medi-Cal beneficiaries through county mental health plans (MHPs). MHPs are required to provide or arrange for the provision of outpatient and inpatient SMHS to beneficiaries in their counties who meet SMHS medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals, as documented in their client plans. In accordance with Medicaid Early and Periodic Screening, Diagnostic, and Treatment provisions, the intervention criteria for beneficiaries under the age of 21 are less stringent than they are for adults. SMHS include Intensive Care Coordination (ICC), intensive home-based services (IHBS), therapeutic foster care (TFC), and Therapeutic Behavioral Services (TBS). There are other services included in SMHS.

## **Speech Therapy**

Regional centers can provide therapies specific to consumers' specialized needs, including speech therapy. Speech therapy requires working with a speech-language pathologist to determine modes of communication that will best fit the needs of the consumer. This can, and should, include verbal communication and/or the use of an [Augmentative and Alternative Communication \(AAC\)](#) device.

## **Short-Term Residential Therapeutic Programs (STRTP)**

A Short-Term Residential Therapeutic Program (STRTP) is a children's residential facility licensed by the California Department of Social Services and operated by a public agency or private organization. An STRTP provides specialized 24-hour care and supervision, treatment, and services and supports, to children and non-minor dependents.

## **Small Family Home (SFH)**

A facility or home, that provides 24-hour care for six or fewer children who have mental health disabilities, or developmental, or physical disabilities, and who require special care and supervision

due to their disabilities. A SFH may accept children with special health care needs. In addition to accepting children with special health care needs, the department may approve placement of children without special health care needs, up to the licensed capacity.

### **Special Education**

As defined in California Education Code (EC) section 56031 "Special education," in accordance with Section 1401(29) of Title 20 of the United States Code, means specially designed instruction, at no cost to the parent, to meet the unique needs of individuals with exceptional needs, including instruction conducted in the classroom, in the home, in hospitals and institutions, and other settings, and instruction in physical education.

### **Specialized Residential Facility +18 (SRF)**

Licensed by the California Department of Social Services as an Adult Residential Facility and vendored by regional centers, these residential care settings provide 24-hour tailored and flexible care for individuals with developmental disabilities over the age of 18. For those whose needs cannot be appropriately met within the array of other community living options available, SRFs provide tailored services to meet medical, behavioral or the mobility needs of the individuals in the home.

### **Specialty Mental Health Assessment**

MHPs conduct assessments designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.

### **Stabilization Training Assistance Reintegration Acute Crisis Homes (STAR)**

STAR homes are licensed by the State of California, Department of Social Services (DSS) to provide 24-hour non-medical care with developmental disabilities receiving regional center services and who are in need of time-limited crisis stabilization services for up to 13 months. STAR services are provided based on an individualized Needs and Services Plan (NSP), which is developed through a team approach using a person-centered planning process that supports that supports the consumer's positive control and self-determination of their own lives. Depending on the supports identified in the NSP, services may include health care, education, work training, employment, self-help training, leisure activities, behavior management, and socialization skills development.

### **State Special Schools**

The State Special Schools provide a variety of direct services to individuals with special needs, their parents, and local educational agencies (LEAs) through programs it operates at the California Schools for the Deaf in Fremont and Riverside, and the California School for the Blind in Fremont.

### **Substance Use Disorder (SUD)**

This is the clinical diagnosis that refers to drug addiction, a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medicine.

### **Substance Use Disorder Intensive Outpatient Treatment Services**

Defined as (ASAM Level 2.1) structured programming services consisting primarily of counseling and education about addiction-related problems a minimum of nine (9) hours with a maximum of 19

hours per week for adults, and a minimum of six (6) hours with a maximum of 19 hours per week for adolescents. Services may be provided in any appropriate setting in the community. Services may be provided in-person, by telephone or by telehealth.

### **Substance Use Disorder Outpatient Treatment Services**

Defined as American Society of Addiction Medicine (ASAM) Level 1.0 outpatient service directed at stabilizing and rehabilitating persons up to nine hours of service per week for adults, and less than six hours per week for adolescents.

### **Substance Use Disorder Residential Treatment Services**

Defined as a non-institutional, 24-hour non-medical, short-term residential program of any size that provides rehabilitation services to beneficiaries. Each beneficiary shall live on the premises and shall be supported in their efforts to restore, maintain, and apply interpersonal and independent living skills, and access community support systems. Programs shall provide a range of activities and services. Residential treatment shall include 24-hour structure with available trained personnel, seven days a week, including a minimum of five (5) hours of clinical service a week to prepare beneficiary for outpatient treatment.

### **Supported Employment Services**

The Department of Rehabilitation partners with regional centers, behavioral health, and other agencies to provide employment and supportive services for youth with the most significant disabilities who require long-term support to learn and perform the job duties needed to retain competitive integrated employment.

### **Supported Living Services 18+ (SLS)**

Services provided to consumers who live on their own who need up to 24-hour support.

### **System of Care (SOC)**

AB 2083 requires counties to design and implement a Memorandum of Understanding, framing a unified System of Care which coordinates timely, and trauma- informed services for foster children and youth, other vulnerable youth and their caregivers in a way that is comprehensive, culturally competent, timely, integrated, community-based, individualized, with strength-based services based on plans tailored to their individual needs. Children in out of home placement are inherently served by multiple systems and programs including the placing agency (child welfare or probation), education, county mental and/or behavioral health, and sometimes the local regional center. The challenges of navigating these various systems leads to service gaps and placement instability, and ultimately compounded trauma for the child and family. A single, uniform System of Care, when well delivered, closes these gaps, and improves outcomes.

### **Systemic, Therapeutic, Assessment, Resources, and Treatment (START)**

The Center for START Services at the University of New Hampshire Institute on Disability/University Centers for Excellence in Developmental Disabilities, provides a model of services meeting the crisis needs of individuals with intellectual/ developmental disabilities (I/DD). The following regional centers have START teams: ACRC, CVRC, ELARC, FDLRC, GGRC, HRC, NBRC, RCEB, RCRC, SARC, SCLARC, SDRC, TCRC, and VMRC (FNRC and WRC have teams in development).

The local START teams provide:

- 24-hour case coordination to improve supports and service outcomes
- Whole-person assessment (I/IDD, mental health, medical, access to services, personal strengths, satisfaction, etc.)
- Individualized map of individual's connections to others/systems
- Cross-system linkage (connecting I/DD providers, crisis teams, mental health providers, first responders, hospital/psych staff, etc.)
- Community education
- Family/staff/provider support and education (in-home therapeutic coaching)

### **Targeted Case Management**

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational, and other community services.

### **Temporary Shelter Care Facility (TSCF)**

A temporary shelter care facility is a facility owned and operated by the county or on behalf of a county by a private, nonprofit agency that provides for 24-hour non-medical care for up to 10 calendar days, for children under 18 years of age who have been removed from their homes due to abuse or neglect. During the child's stay, the county is identifying and placing the child with a suitable family member or in an appropriate licensed or approved home or facility.

### **Therapeutic Behavioral Services (TBS)**

Therapeutic Behavioral Services TBS are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances, are experiencing a stressful transition or life crisis, and need additional short-term, specific support services to accomplish outcomes specified in their written treatment plan.

### **Therapeutic Foster Care Services (TFC)**

Therapeutic foster care (TFC) is a short-term, intensive, highly coordinated, trauma informed and individualized rehabilitative service covered under Medi-Cal that is provided to a child/youth up to age 21 with complex emotional and behavioral needs who is placed with trained and supported TFC parents.

### **Transitional Housing Placement Program (THPP)**

A licensed provider who operates programs which include supportive housing and a wide range of supportive services to youth from 16 to 21 years of age, who are in or were formally in foster care on their 18th birthday. Supportive services shall include counseling, educational guidance, employment counseling, job training, and assistance reaching emancipation goals outlined in a participant's Transitional Independent Living Plan, the emancipation readiness portion of a youth's case plan.

### **Transitional Housing Placement + Foster Care Program (THP+)**

An independent living program that serves youth in foster care.

### **Vocational Rehabilitation Services**

A youth with a disability is eligible for Department of Rehabilitation vocational rehabilitation services

based on the presence of a disability that results in an impediment to employment, and the youth desires and can benefit from Department of Rehabilitation vocational rehabilitation services to successfully achieve an employment outcome. Department of Rehabilitation services may include career assessment and counseling, job search and interview skills, independent living skills, career education and training and assistive technology.

**Withdrawal Management**

Detoxification services provided in either an ambulatory or non-ambulatory setting consistent with the ASAM level of care criteria to DMC ODS beneficiaries.

**Wraparound Services**

Collaborative and coordinated system of support for an individual through a team that includes family members, friends, service providers, peer specialists, advocates, and others. Addresses crisis with the goal of keeping an individual in their current living arrangement, through identification of strengths, goals, and needed supports. Provides an array of services and supports, including respite, case management, activities, support groups, advocacy, treatment, family training, home/school services, psychiatric services, and coordination with community services.