City and County of San Francisco, California
Interagency Child, Youth and Family Services

MEMORANDUM OF UNDERSTANDING

I. PARTIES:

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

1. The San Francisco Human Services Agency - Family and Children's Division (FCS)
2. San Francisco Juvenile Probation (JPD)
3. San Francisco Unified Family Court (Court)
4. The San Francisco Department of Public Health (DPH)
5. Golden Gate Regional Center (GGRC)
6. San Francisco Unified School District (SFUSD)

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:

Children, youth and families who are involved with child welfare or receiving foster care through the juvenile justice system will receive timely, effective, collaborative services consistent with the Integrated Core Practice Model (ICPM) that allow them to thrive in safe, permanent living situations that meet their social, emotional, cultural and behavioral needs.

III. MISSION:

The System Partners will design, implement and maintain an integrated, attachment- and trauma-focused system with a shared framework that is information driven, innovative, and reflective of the ICPM. The system will deliver services in a comprehensive, culturally responsive, evidence-based/best practice manner, regardless of which agency door children and families enter. The System Partners will actively seek to include foster youth experience and voice into county level collaborations and partnerships that manage or oversee the delivery of services affecting youth and families.

The System Partners recognize that utilizing the ICPM for the specific populations addressed in this MOU is the first step to serving all children and families with this model.

IV. TERM:

This Agreement shall remain in full force and effect from 12/1/2018 through 12/1/2021.

V. PURPOSE:

This MOU seeks to ensure that the Systems Partners' programs, practices, and policies reflect consistent service delivery for children, youth, and families throughout the public programs. Partner agencies have been designated by State and/or County mandates to provide oversight and accountability for certain State and federally funded programs and services. The System Partners agree that consistent interdepartmental and interagency leadership is essential to successful planning and collaboration on behalf of youth and families.

The goal of this MOU is to create an ongoing structure to address systemic barriers to providing interagency services. The agency partners intend to create and maintain an administrative team with collaborative authority over the interrelated child welfare, juvenile justice, education, and mental health and developmental 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 intended to be adverse to any relevant agency-wide policies, rules or agreements. However, the System Partners do fully plan to support the structure and processes contained in this MOU and to provide a unified framework that will guide their operations and the activities, decisions, and direction of each of their employees regarding children, youth and family programming.

VI. Principles

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 use the principles, values, and practice behaviors in their interactions with youth and family, with one another, with contractors and county partners.

The Ten Guiding Practice Principles of the ICPM outline a service delivery that includes the following key components

1. **Family voice and choice**
2. **Team-based**
3. **Natural supports**
4. **Collaboration and integration**
5. **Community-based**
6. **Culturally respectful**
7. **Individualized**
8. **Strengths-based**
9. **Persistence**
10. **Outcomes-based**

Please see http://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN%2018-022%20Integrated%20Core%20Practice%20Model%20and%20Integrated%20Training%20Guide/Integrated_Core_Practice_Model.pdf and attached addendum for more information.

VII. INTERAGENCY PROCESSES:

The following elements are the primary and necessary components of comprehensive practices for the City and County of San Francisco's child and youth serving collaborative partners.

Agency leaders will work together towards the best interest of children and families, and the processes below support this work. They outline foundational efforts to effect the vision of the agency partners, building on mutual understanding, best practices, and the framework of the Integrated Core Practice Model, while also complying with all legal mandates. Policies, protocols, and procedures will be developed, implemented, and reviewed as necessary to further the elements below.

A. INTERAGENCY EXECUTIVE ADVISORY COMMITTEE (IEAC)

The IEAC sets overall strategic direction for the Interagency collaborative partnership. It establishes a 2-year strategic plan to guide the development of shared practice and policies, and to monitor and revise the plan as needed. To further a comprehensive, unified county planning process, this plan may incorporate, integrate, or expand upon other existing interagency planning efforts.

The IEAC meets once per year to review and update the plan.

Membership includes:

- Deputy Director, Human Services Agency, Family and Children's Services Division (FCS Director)
- Supervising Judge of the Unified Family Court
- Director, Child, Youth and Family System of Care, Behavioral Health Services
- Chief Probation Officer, Juvenile Probation Department
- Chief of Student Family and Community Support Department, San Francisco Unified School District
- Director, Golden Gate Regional Center
- Other agency leadership as determined by the Committee
- Parent and Youth representatives as designated by the Committee

The IEAC establishes co-chairs from the membership above that serve 2-year staggered terms, with one new co-chair each year.

B. INTERAGENCY LEADERSHIP TEAM (ILT):

The ILT oversees the implementation of the strategic plan developed by the IEAC, and provides direction and oversight to the Multi-Agency Systems Team (MAST).

Membership includes:

- Deputy Director, Human Services Agency, Family and Children's Services Division (FCS Director) or designee
- Supervising Judge of the Unified Family Court or designee
- Director, Child, Youth and Family System of Care, Behavioral Health Services, or designee
- Chief Probation Officer or Deputy Chief Probation Officer, Juvenile Probation Department

- Chief of Student, Family and Community Support Department, San Francisco Unified School District or designee
- Director of Regional Center Services, Golden Gate Regional Center
- other agency leadership as determined by the Committee

The ILT establishes co-chairs from the membership above that serve 2-year staggered terms, with one new co-chair each year.

Whenever possible, ILT member agencies and leaders will seek consensus in decision-making. If consensus cannot be reached, or if an alternative decision process is more appropriate, members will determine the appropriate decision rule based on the issue at hand (e.g., simple majority, designated agency with authority, etc.)

Specific duties of the ILT members include:

Management, Administration and Service Delivery:

1. Offer interagency consultation and coordination to support management and operation of the San Francisco Integrated Children's System of Care.

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

3. Oversee the activities of the MAST and all programs and services identified within the collaborative/Children's Systems of Care.

4. Identify and facilitate the development of any additional necessary written MOUs, or policies and procedures for ILT partners' review and approval. Where these documents may also directly affect operations or obligations of any of the partners, partner agencies will also follow the procedures in place for approving such documents.

5. Ensure that all staff assigned to shared programming is provided the necessary technical assistance, training, support and staff resources to fulfill categorical mandates and implement the ICPM. This may include, but is not limited to, establishing and implementing competencies to guide staff selection, training, coaching and performance management that are consistent with the ICPM.

6. Ensure that partner agencies' managers, supervisors, staff and contracted agencies provide services consistent with the shared Vision, Mission and Purpose and principles of this MOU and the ICPM.

7. Collaborate and provide guidance and assistance for the selection process for leadership-level positions at the partner agencies, subject to the approval of the Department's Appointing Authority. This may include, but not be limited to, participating or providing designees to participate on hiring committees.

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. Review and, as necessary, recommend program direction for applicable community partners or providers. Gather and share annual reports on program issues, progress and outcomes. Discuss/approve requests from providers as appropriate to agency role and oversight, e.g., FCS, JPD, and DPH will collaboratively review and approve Letters of Support/requests from providers to become Short Term Residential Treatment Program (STRTP) providers.

2. Participate on related coordinating councils, other advisory committees, and/or multi-disciplinary teams that affect the System Partner processes or services, and bring relevant information to the ILT.

3. 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.

4. 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.

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

6. Work with community agencies to develop and implement collaborative and integrated strategies, and to promote and utilize strength-based, family-focused practice on a systems-wide basis.

C. INTERAGENCY PLACEMENT COMMITTEE (Multi-Agency Services Team –MAST):

System Partner managers or other qualified staff will jointly convene and administer MAST, as required by state mandates describing county Interagency Placement Committees and identified in agreed upon policy and protocol, including appeals protocol.

D. SCREENING, ASSESSMENT AND ENTRY TO CARE

Timely, thoughtful, and appropriate assessment is foundational to identifying and delivering effective interventions to children and families. Such an assessment and service delivery approach will reduce impact on youth and caregivers, reduce administrative costs to partners, and comply with state and local mandates. To this end, agencies support a shared assessment and service access process, including appropriate sharing of client related information.

E. CHILD AND FAMILY TEAMING AND UNIFIED SERVICE PLANNING

The System Partners recognize the Child and Family Team (CFT) as central to the implementation of Continuum of Care Reform and the Integrated Core Practice Model. Engagement and full partnership with the CFT is critical in achieving good outcomes for system-involved families and children, and the System Partners will work together to strengthen systemic supports for the CFT.
In order to maximize planning and family engagement, System Partners will provide a single, unified teaming process for all youth in care.

Of particular interest to the System Partners is the coordination of mental health care and educational services for youth in the foster care system. Accordingly, System Partners agree to develop and implement policy to enact laws and/or regulations requiring such coordination, such as Katie A. or AB490.

F. 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.

Partners agree to comply with the San Francisco County Interagency and Community Agreement (https://www.healthiersf.org/FYS/Resources/caregivers/SFUSD%20AB490%20Interagency%20Agreement%20signatures.pdf) that includes, but is not limited to, processes to meet mandates and support interagency coordination for foster children around education planning, transportation support to remain in their school of origin, and dispute resolution. System Partners also agree to participate as necessary in the development of the Transportation to School of Origin MOU.

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

System Partners will 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 FCS and JPD have legal obligations and responsibilities to assure foster care capacity, JPD has parallel responsibility to assure adequate capacity for and oversight of Specialty Mental Health Services to support youth and their caregivers.

Agency partners agree to share necessary information and processes as required and authorized by law, to support recruitment and retention efforts. These include but are not limited to: joint review of STRTP and Foster Family Agencies (FFA) Program Statements and applications; joint investigation of complaints or grievances; joint drafting and execution of contracts with providers; and joint delivery of technical assistance and oversight including on-site reviews of programs and services.

H. INFORMATION AND DATA SHARING

System Partners are committed to sharing information to the fullest extent of the law to streamline and coordinate effective services. Please reference the following statues: (42 United States Code (U.S.C.) § 671(a)(8)(A); (42 U.S.C. § 1396(a)(7); 42 C.F.R. § 421.302 (2009) as well as California Welfare & Institutions Code sections § 4096, § 4096.1, § 5600.3, § 10850, and § 18986.46.

I. QUALITY MANAGEMENT AND PROVIDER OVERSIGHT

System Partner agencies are committed to working together to track, monitor, evaluate and report on services supporting mutual clients to meet required reporting requirements, and inform evaluation of contractors and vendors.

J. STAFF RECRUITMENT, TRAINING AND COACHING

System Partners acknowledge that highly trained, competent staff who understand and support each other's work will help better outcomes for children and families. Partners agree to coordinate the recruitment, joint training, and coaching of staff so that they can better understand each other, build relationships, and foster a collaborative approach in delivering seamless and integrated services.

Agency representatives may participate in hiring interview panels for each other and may develop and implement training and coaching processes for multiple partners. Partners will jointly plan and deliver training or in-service content that is of value to their staff or other key partners. ILT members will use funding as flexibly as possible to facilitate the cross training and preparation of team members.

ILT members also recognize their shared work with multiple community provider agencies, and the need for consistent communication, monitoring, and support for these providers.

K. FINANCIAL RESOURCES/MANAGEMENT

The System Partners support each other to pursue funding opportunities that strengthen the interagency service delivery system, including but not limited to those that maximize, blend, and/or leverage resources. Partners will share information on these opportunities, and notify and consult each other prior to applying for these.

L. DISPUTE RESOLUTION MECHANISM:

Whenever possible, ILT member agencies and leaders will seek consensus in decision-making. If consensus cannot be reached, or if an alternative decision process is more appropriate, members will determine the appropriate decision rule based on the issue at hand (e.g., simple majority, designated agency with authority, etc.)

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 any System Partner shall be withheld on account of a pending dispute resolution except to the extent that such payment is the subject of such dispute.

VIII. MUTUAL HOLD HARMLESS PROVISION:

Each System Partner signing this MOU agrees to defend, indemnify, and hold harmless each other System Partner - including officers, employees and agents - from and against any and all liability, loss, expense, attorneys' fees, or claims for injury or damages, arising out of the performance of this Agreement, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the indemnifying System Partner, its officers, agents or employees.

The System Partners agree to reasonably cooperate with each other in the investigation and disposition of third-party liability claims arising out of any services provided under this Agreement. Absent any conflicts of interest, it is the intention of the System Partners to reasonably cooperate in the disposition of all such claims. Such cooperation may include joint investigation, defense and disposition of claims of third parties arising from services performed under this Agreement. The System Partners agree to promptly inform one another whenever an incident report, claim or complaint is filed or when an investigation is initiated concerning any service performed under this Agreement. Each System Partner may conduct its own investigation and engage its own counsel.

Each of the System Partners hereby acknowledges that the System Partners shall be independent contractors and that the relationship established by this Agreement between the System Partners shall not constitute a partnership, joint venture or agency. None of the System Partners shall have the authority to make any statements, representations or commitments of any kind, or to take any action, which shall be binding on the other parties hereto, without the prior consent of the other parties hereto, or party hereto, as applicable, to do so.

This Memorandum was approved and signed this 11/30/18

San Francisco Department of Human Services

Trent Rhorer	Executive Director	Signature	Date

San Francisco Department of Mental Health

Name	Executive Director	Signature	Date
MAXIMILIAN ROCHA	ACTING DIRECTOR CYF SYSTEM OF CARE		01/07/19

San Francisco Juvenile Probation Department

Allen Nance	Chief	Signature	Date
			11/30/18

San Francisco Unified School District

Name	Title	Signature	Date
KEVIN TRUJILLO	Chief of Staff		12/6/18

Golden Gate Regional Center

Name	Title	Signature	Date
ERIC ZIGMAN	EXECUTIVE DIRECTOR		1/10/2019

2/14/20182/14/2018

ADDENDUM A

The following excerpt is from the Integrated California Core Practice Model; please refer to http://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN%2018-022%20Integrated%20Core%20Practice%20Model%20and%20Integrated%20Training%20Guide/Integrated_Core_Practice_Model.pdf for more information

Values and Principles

This ICPM is informed by nationally recognized core values and principles, derived largely from research about how collaborative and integrated family services work best. These guidelines, with the use of complementary evidence-informed practices, suggest that a spectrum of community-based services and supports for children, youth, and families with, or at risk of, serious challenges, will improve the outcome of services.

1. **Values**

Family-driven and youth-guided: Family-driven and youth-guided practices recognize that no one knows more about the family's story and their specific needs than the family members themselves. The family members can best describe their history, culture, and preferences. About themselves, they are the experts. Consistent with the important developmental task of personal individuation, the choices of a child or youth should be solicited and respected, whenever possible, during the process. While addressing the needs and building on the strengths of the child or youth may be the primary target or purpose of interventions, services must focus on the needs of the whole family, with supports that empower families and enhance their ability to access internal, natural, and community resources. When family members see their own choices reflected in integrated service plans, even when that plan requires that a child and/or youth be placed outside their biological family to ensure safety, plans are more likely to be successful.

Community-based: The locus of service and resources reside within an adaptive and supportive structure of systems, processes, and relationships at the community level. Services and support strategies should take place in the most inclusive, responsive, accessible, and least restrictive settings where safety, permanence, and family members' participation in community life is maximized. Children, youth, and family members need access to the same range of activities and environments as other families, children, and youth within their community to support positive functioning and development.

Culturally and linguistically competent: Culture includes a broad range of factors that shape identity, including, but reaching beyond, racial, ethnic, gender, and linguistic differences. It is critical that members of the team demonstrate respect for diversity in expression, opinion, and preference, especially as they come together in teams to make decisions. Words and body language must demonstrate an accepting and curious approach to understanding the family, including their needs and strengths. It is critical that communication meets language and literacy needs, with the use of plain language that everyone can understand, and the use of a translator or interpreter whenever language barriers exist.

A family's traditions, values, and heritage are sources of strength. Relationships with people and organizations with whom they share a cultural or spiritual identity can be essential sources of support. These resources are often "natural" in that they potentially endure as sources of support after formal services have ended; it is important that the team embrace these organizations and individuals, strengthening and nurturing positive connections to assist the family members to achieve and maintain positive change in their lives.

2. Ten Guiding Practice Principles

Family voice and choice. Each family member's perspective is intentionally elicited and prioritized during all phases of the teaming and service process. The team strives to find options and choices for the plan that authentically reflect the family members' perspectives and preferences.

Team-based: The team consists of individuals agreed upon by the family members and committed to the family through informal, formal, and community support, and service relationships. At times, family members' choices about team membership may be shaped or limited by practical or legal considerations, however, the family should be supported to make informed decisions about who should be part of the team. Ultimately, family members may choose not to participate in the process if they are unwilling to accept certain members.

Natural supports: The team actively seeks and encourages full participation of members drawn from the family members' networks of interpersonal and community relationships. The plan reflects activities and interventions drawn on sources of natural support. These networks include friends, extended family, neighbors, coworkers, church members, and so on.

Collaboration and integration: Team members work cooperatively and share responsibility to jointly develop, implement, monitor, and evaluate an integrated, collaborative plan. This principle recognizes that the team is more likely to be successful to accomplish its work when team members approach decisions in an open-minded

manner, prepared to listen to, and be influenced by, other team members. Members must be willing to provide their own perspectives with a commitment to focus on strengths and opportunities in addressing needs, and work to ensure that others have opportunity to provide input and feel safe doing so. Each team member must be committed to the team goals and the integrated team plan. For professional team members, interactions are governed by the goals in the plan and the decisions made by the team. This includes the use of resources controlled by individual members of the team. When legal mandates or other requirements constrain decisions, team members must be willing to work creatively and flexibly to find ways to satisfy mandates while also working toward team goals.

Community-based: The team will strive to implement service and support strategies that are accessible and available within the community where the family lives. Children, youth, and family members will receive support so that they can access the same range of activities and environments as other families, children, and youth within their community that support their positive functioning and development.

Culturally respectful: The planning and service process demonstrates respect for, and builds on the values, preferences - including language preferences, beliefs, culture- and identity of the family members, and their community or tribe. Culture is recognized as the wisdom, healing traditions, and transmitted values that bind people from one generation to another. Cultural humility requires acknowledgement that professional staff most often cannot meet all elements of cultural competence for all people served. Professionals must ensure that the service plan supports the achievement of goals for change and is integrated into the youth's and family's cultures. Cultural humility and openness to learning foster successful empowerment and better outcomes.

Individualized: The principle of family voice and choice lays the foundation for individualization and flexibility in building the plan. While formal services may provide a portion of the help and support that a family needs, plans and resources must be customized to the specific needs of the individual child, youth, and family members. Each element of the family's service plan must be built on the unique and specific strengths, needs, and interests of family members, including the assets and resources of their community and culture.

Strengths-based: The service process and plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child, youth, and family members, their tribe and community, and other team members. The team takes time to recognize and validate the skills, knowledge, insight, and strategies that the family and their team members have used to meet the challenges they have encountered in their lives - even though sometimes these strengths have been inadequate in the past. This commitment to a strengths-based orientation intends to highlight and support the achievement of outcomes not through a focus on eliminating family member's deficits, but rather

through an effort to utilize and increase their assets. This begins with a uniform and singular use of the CANS assessment. Doing so validates, builds on, and expands each family members' perspective (e.g., positive self-regard, self-efficacy, hope, optimism, and clarity of values, purpose, and identity), their interpersonal assets (e.g., social competence and social connectedness), and their expertise, skill, and knowledge.

Persistence: The team does not give up on, blame or reject children, youth, or their families. When faced with challenges or setbacks, the team continues working towards meeting the needs of the youth and family and towards achieving the team's goals. Undesired behavior, events, or outcomes are not seen as evidence of youth or family "failure" but, rather, are interpreted as an indication that the plan should be revised to be more successful in achieving the positive outcomes associated with the goals. At times, this requires team commitment to revise and implement a plan, even in the face of limited system capacity or resources.

Outcomes-based: The team ties the goals and strategies of the plan to observable or measurable indicators of success, monitors progress consistent with those indicators, and revises the CANS and service plan accordingly. This principle emphasizes that the team is accountable – to the family and all the team members, to the systems of care which serve the children, youth, and families, and to the community. Tracking progress toward outcomes and goals keeps the plan on track and indicates need for revision of strategies and interventions as necessary. It also helps the team maintain hope, cohesion, and effectiveness and allows the family to recognize that things are, indeed, changing and progress is being made.

Historically, the ability to retain children, youth, and family members in treatment services to completion has been a problem. Particularly, children, youth, and families from vulnerable populations (e.g., children of single parents, children living in poverty, minority families) are least likely to stay in treatment. When asked about reasons for dropping out, parents often identify stressors associated with getting to appointments, a sense that the treatment or service offered is irrelevant to their needs, and a perceived lack of connection with the service provider.

While a provider may have little control over a child and family's daily life stressors or difficulties in accessing care, they clearly have control over the relevance and opportunity to avoid redundancy of services offered to families (supporting the principles of voice and choice and individualized), as well as their efforts in relationship building (also known as engagement). Within the CFT process, including a focus on the needs identified as highest priority by the child, youth, and family members themselves is a critical component of initial and sustained engagement during the service delivery process.

An additional practical construct to this approach is the reality that families with

complex needs often received services directed by multiple and competing service plans. Bringing service plan expectations and resources together, as well as following a shared CANS, single and functional structured assessment process, will result in a simplified, coordinated plan that will greatly improve the prognosis of success and dramatically lower the stress on family members.