



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

February 4, 2012

MHSD INFORMATION NOTICE NO.: 13-02

To: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH CHIEFS
LOCAL MENTAL HEALTH AND COUNTY ALCOHOL AND DRUG
PROGRAM ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH AND ALCOHOL
AND OTHER DRUG ADVISORY BOARDS

SUBJECT: CALIFORNIA CHILD WELFARE COUNCIL'S DIFFERENTIAL
RESPONSE "FRAMEWORK" AND "CORE ELEMENTS" FOR
CHILD WELFARE SERVICES

The Department of Health Care Services (DHCS) as one of the members of the California Child Welfare Council (CWC) is endorsing the attached Differential Response (DR) "Framework" and "Core Elements" for child welfare services (CWS). The DR "Framework" and "Core Elements" were developed by the CWC's Prevention/Early Intervention Committee.

As part of DHCS's responsibility to oversee California's community mental health and Drug Medi-Cal Programs, DHCS encourages county mental health plans (MHPs) and county alcohol and drug program administrators to review the attached "Framework" and "Core Elements" for planning purposes to consider:

- i) child welfare families in the development of new mental health and substance use disorder (SUD) programs;
- ii) integration of child welfare families into existing mental health and SUD services;
- iii) increasing collaboration with child welfare families in the development of mental health and SUD programs; and
- iv) the possibility of integrated and blended services and funding by MHPs and alcohol and drug programs to the extent feasible and in accordance with federal requirements.

Nationally referred to as “Multiple Track” or “Alternative Response”, DR enables community prevention partners, including CWS, to respond to suspected or actual child maltreatment in the least invasive manner while ensuring the safety and wellbeing of children. The DR “Framework” is not prescriptive; it is amenable to flexible use by county MHPs and county alcohol and drug programs based on their unique resources and needs.

DHCS believes that DR supports a new way of doing business at the “front door” of the child welfare system that acknowledges the interdependency and need for integration of child welfare functions with other family servicing resources including drug and alcohol, schools, vocational, mental health, physical health and other services. As part of the DR approach, servicing agencies may need to change their approach to families and the child protective system to become more than just statutory reporters of suspected abuse and neglect. Rather, priority access according to the principles of DR requires engagement of families, case management, and partnership between CWS, families and other support systems to address the issues of housing, employment, parole/probation and incarceration, health care access, schooling and behavioral health treatment in the community.

DHCS is asking county MHPs and county alcohol and drug program administrators and service providers to review the DR “Framework” and “Core Elements” and consider ways that it (1) validates what you are already doing; (2) provides a guide for improving MHP and SUD services practice; (3) increases your awareness of how the MHPs and county alcohol and drug programs and services can more effectively partner across systems; and (4) provides a tool for MHPs and alcohol and drug programs to advocate for DR in your local communities.

We encourage county service providers to collaborate with child welfare and other public services programs at the local level to evaluate the DR “Framework” and “Core Elements”. DHCS is also in close collaboration with the California Department of Alcohol and Drug Programs regarding evaluation of this model.

DHCS believes that the DR “Framework” and “Core Elements” may reflect one of a number of efforts which could link to existing and new priorities and initiatives involving counties, providers, and stakeholders to better coordinate specialty mental health and SUD services with one another as well as with public services provided by other state and local agencies, such as CWS.

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DHCS supports the DR approach and encourages counties to give careful consideration to how to work with their partners to ensure even stronger prevention and early intervention responses to families and children “at risk” of CWS involvement.

Sincerely,

Original signed by

Vanessa Baird, Deputy Director
Mental Health and Substance Use Disorder Services

Enclosures