



## Guiding Principles for a Foster Care Model of Care

Children, youth, and families served by the foster system will be healthy in mind and body and connected through a reimagined, improved, and responsive model of care created through the workgroup process. When we speak of children, youth, and families served by the foster system, we envision the diversity that reflects California, including diverse cultures, races, LGBTQ+, tribal, behavioral and/or physical challenges, and more. This workgroup is intended to explore ways to improve the physical, behavioral, and oral health services in support of positive social services outcomes.

### The Foster Care Model of Care:

1. ***Builds upon existing foster care reform efforts***, such as the [Integrated Core Practice Model](#) and [AB 2083 Model of care](#), and the [Continuum of Care Reform](#). It uses family-centered care planning and service delivery to provide trauma-informed and coordinated physical, behavioral, and oral health care services along with the social services supports. Supportive services and treatment should be based on the individual needs of the child or youth, their families, and their caregivers. While the group appreciates the risk of all children entering the child welfare system, the focus of this workgroup will be primarily on those children and youth already involved with the foster system or at risk of returning.
2. ***Provides timely and appropriate access*** to care for children and youth in out-of-home placements and former foster youth, up to age 26 years. Coordination across child-serving systems should be increased and appropriate services should be available to meet the needs of this vulnerable population.
3. ***Ensures that children and youth have continuity of care*** through maintaining trusted relationships and preserving connection to family, community and culture. Multi-system collaboration and integrated planning must facilitate effective linkages between systems of care. This includes the provision of electronic health records, telehealth, and personal health information between systems where appropriate and within relevant privacy laws, which should reduce disruptions in care and increase efficacy of ongoing treatments and services.
4. ***Meets the needs of diverse children, families, caregivers, and youth*** through a trauma-informed health delivery system that focuses on recovery and resiliency. The

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model of care must be have flexibility to appropriately mitigate barriers to care, and include culturally appropriate services and supports. Children should be able to receive services in the communities in which they reside to support their connection to family, community, and culture.

5. **Identifies and reduces disparities** and ensures that identified needs are addressed and supportive services are provided in a culturally responsive manner, including race, ethnicity, language, sexual orientation, and gender identity perspectives.
6. **Values youth/family voice and choice** in preserving and furthering California's investment in a child- and family-centered approach to care planning and decision-making
7. **Identifies needs as early as possible.** The needs of children, youth, and families in the-foster system and of those entering or at risk of re-entering the child welfare services system must be addressed and met comprehensively and expeditiously.
8. **Assesses and treats the health needs of children and families entering or at risk of re-entering the foster system.** This includes enhancing direct access to public health nurses, and provision of services for, behavioral, physical, and oral health needs as well as substance use disorders and those with developmental delays and involvement in the juvenile justice system. Ensures services and treatment for parents or guardians available, to prevent re-entry into the foster system.
9. **Children and youth receive services in the least restrictive environment.** The participants of Child and Family Teams (CFTs), including the placing agency, county behavioral health representatives, as well as other health providers, must base placement and services recommendations on the specific needs of children/youth and families with a goal of supporting children and families in the least restrictive and most family like setting possible.
10. **Ensures children and families receive services provided by knowledgeable providers** who are apprised of the proper resources available to address their needs. Providers should be trained in collaboration across child-serving systems, including county and contracted provider networks, and should recognize the specific needs a child in the foster system and their family may have. Additionally, the child-serving systems should receive training to understand the role each sector plays in addressing attachment, permanency, and trauma-related needs of children and their families/caregivers, which aligns with the intent of the AB 2083 Model of care.

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11. **Establishes streamlined and standardized processes** to unify (or at least closely coordinate) systems, to prevent duplication and eliminate complexity of reporting.
12. **Ensures accountability**, and that processes and tools are in place to monitor and be adapted as needed, based on outcomes and child, family, and community engagement.