

# California Integrated Core Practice Model:

## Collaborative Practice across the Children and Youth System of Care



BACKGROUND



THEORETICAL FOUNDATIONS



VALUES & PRINCIPLES

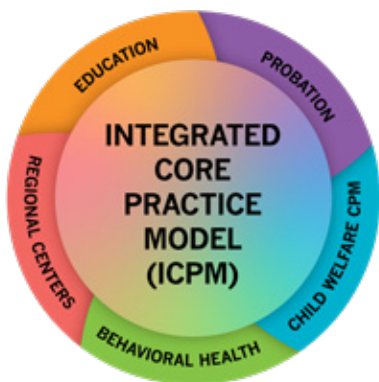


PRACTICE ELEMENTS



PRACTICE BEHAVIORS

# California Integrated Core Practice Model



## BACKGROUND

In 2018, the California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) jointly released a multi-agency practice model designed to guide practice when child, youth and family-serving systems are working collaboratively in support of families and communities. This Integrated Core Practice Model (ICPM) offers a shared framework for improving outcomes for children, youth, and families receiving publicly funded services from multiple system partners. The ICPM is intentionally designed to align with ongoing cross-system efforts, including discipline-specific models such as the Child Welfare Core Practice Model and frameworks like Multi-Tiered System of Supports (MTSS) used in education.

Following its release, statewide system partners saw that the ICPM supported the System of Care (SOC) established under Assembly Bill 2083 (2018). AB 2083 requires counties to form Interagency Leadership Teams (ILTs) including Tribes, child welfare, behavioral health, juvenile probation, regional centers, and county offices of education to collaborate under a shared Memorandum of Understanding (MOU) that supports integrated, trauma-informed services.

Together, the shared practice model and the MOUs developed by local ILTs form the foundation of California's unified approach to serving children, youth, and families. While the MOU establishes the structure, vision, and function for system collaboration, the ICPM provides the behavioral and practice foundation by describing how system partners work together to engage families, coordinate care, and promote healing and equity. Work continues to support each System of Care partner in conceptualizing how the ICPM is operationalized in their specific work with families and communities.

## EVOLUTION OF THE MODEL

The model was updated in 2024 to incorporate lessons from implementation, advances in social neuroscience and mind-body research, and the lived experiences of youth, parents, Tribes, educators, regional centers, and community-based service providers. Developed collaboratively across systems, the revised framework represents a collective vision for improved outcomes through shared leadership, integrated practice, and systemwide accountability.

## IMPORTANT CONSIDERATIONS GUIDING THE ICPM

The ICPM serves as a framework for effective, trauma-informed service delivery within the statewide System of Care. It emphasizes the healing power of relationships, the importance of nurturing families, parents, and caregivers, and the need for culturally responsive, timely, and accessible supports for children, youth, and families at risk. It explicitly addresses the impact of systemic racism, disproportionality, and bias across child welfare, behavioral health, education, and justice systems, emphasizing the need for transformation from systems of surveillance and compliance to systems of healing and restoration.

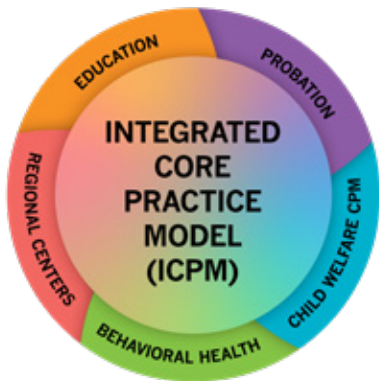
As leaders and practitioners work to follow the model, they are called to confront inequities that have historically harmed Black, Native American, pan ethnic communities of Spanish speakers and Latin American descendants, and other communities of color. The ICPM urges public systems to:

- Acknowledge and address racial inequities and implicit bias.
- Use prevention and restorative approaches that strengthen families and communities.
- Cede power to families, youth, and communities in recognition of their strengths and knowledge.

In addition to the named system partners within California's System of Care, Tribal collaboration is central to the ICPM. Tribes are sovereign nations and essential partners in ensuring that Native American children remain connected to their families, Tribes, communities, and cultures. Counties must actively engage with Tribes to honor Tribal authority, placement preferences, and cultural values in all decision-making.

The ICPM recognizes that effective systems of care depend on strong cross-system coordination and community-based collaboration. System partners and community-based providers must be cross-trained to engage families consistently and deliver trauma-informed, culturally responsive services. While each discipline has its own discipline-specific practices, the ICPM aligns values, principles, and behaviors across systems to support cohesive, coordinated care.

Together, these commitments form the foundation of an equitable, accountable, and collaborative System of Care that prioritizes healing, family preservation, and community well-being for all children and youth in California.



# THEORETICAL FOUNDATIONS OF THE ICPM

The ICPM is grounded in multiple, interrelated bodies of research and theory that explain why and how the System of Care functions effectively. These theoretical foundations provide the scientific, ethical, and practical rationale for the model's core values and guide the behaviors and practices expected of individuals, teams, and organizations working together across the System of Care.



## ORIENTING AND BIO-DEVELOPMENTAL THEORIES

These theories describe how children and youth grow, adapt, and respond to their environments. They guide the ICPM's focus on trauma-informed, developmentally appropriate, and culturally responsive practice rooted in relationships, prevention, and resilience. These theories serve as the basis for the ICPM's family and community centered approach. They emphasize that:

1. Development is relational – secure attachment, family stability, and cultural connection are essential to well-being.
2. Adverse Childhood Experiences (ACEs) and trauma affect brain development and behavior, while Advantageous Childhood Experiences (AdCEs) and nurturing environments foster resilience and healing.
3. Parenting and caregiving are complex; strengthening families and communities is key to preventing and addressing maltreatment.

## INTERVENTION THEORIES

Intervention theories explain how change occurs through collaborative engagement and delivery of evidence-based and culturally relevant interventions. These theories shape the ICPM's core practices of teaming, shared decision-making, and individualized, strengths-based planning. Intervention theories emphasize:

1. Partnership with families, youth, and Tribes to co-create solutions that promote safety and well-being.
2. Team-based planning and intervention to guide transitions and address trauma-related behaviors.
3. Evidence-informed and culturally relevant strategies that integrate family voice and proactive support.

# THEORETICAL FOUNDATIONS OF THE ICPM CONTINUED

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## ORGANIZATIONAL THEORIES

Organizational theories provide the systems-level foundation for implementing and sustaining the ICPM across system partner agencies. These theories undergird the ICPM's leadership commitments to shared governance, integrated systems, workforce support, and a feedback loop that links practice outcomes to policy decisions. They emphasize that:

1. Adaptive leadership and shared accountability are essential for cross-system collaboration.
2. Workforce development and continuous learning build the capacity to deliver consistent, high-quality, and equitable integrated services.
3. Collaborative governance and transparent data use strengthen alignment between practice and policy, fostering continuous quality improvement.

## SOCIAL NEUROSCIENCE AND MIND-BODY RESEARCH

Social neuroscience and related research demonstrate that humans are biologically wired for connection. The brain continuously scans for cues of safety or threat, shaping behavior, decision-making, and relationships. When individuals feel safe, they are better able to learn, build trust, and collaborate; when safety is compromised, stress responses can limit emotional regulation, problem-solving, and connection.

This science highlights five core social needs as key drivers of human behavior and well-being. When met, these needs support engagement, healing, and growth; when unmet, they can lead to stress and disconnection. Within the ICPM, they serve as a unifying thread across values, principles, and practice:

- **ESTEEM** – feeling valued and respected, supporting strengths-based and culturally responsive practice
- **CHOICE** – experiencing autonomy, enabling family- and youth-driven decision-making
- **UNDERSTANDING** – having clarity and predictability, promoting transparency and consistency
- **RELATEDNESS** – feeling a sense of belonging, strengthening relationships and teamwork
- **EQUITY** – experiencing fairness and justice, guiding inclusive and accessible systems

# THEORETICAL FOUNDATIONS OF THE ICPM CONTINUED

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Research also underscores that the brain is inherently social, with safety, connection, and belonging regulating the nervous system and enabling learning and cooperation. Mindfulness and self-regulation strengthen practitioners' and leaders' ability to remain present, make thoughtful decisions, and respond with compassion. Together, these findings reinforce that healing and lasting change occur within trusting, emotional safe relationships.



Together, these theories and associated research form a unified framework connecting science, practice, and values within California's System of Care. They explain why the ICPM works:

1. Orienting and bio-developmental theories highlight the centrality of safety, healing, and resilience.
2. Intervention theories guide collaborative, family-driven practice.
3. Organizational theories sustain alignment, accountability, and adaptability across system partners.
4. Social neuroscience anchors the entire model in the biology of human connection and compassion.



Through these foundations, the ICPM integrates the best of research and practice to create a coordinated, compassionate, and effective system where relationships, reflection, and shared responsibility drive positive outcomes for children, youth, and families.

# ICPM VALUES AND PRINCIPLES

The ICPM values and principles serve as the bridge between the model's theoretical foundations and the behaviors expected of individuals, teams, and organizations engaged in cross system work. They translate complex ideas from the theoretical framework and related neurobiological research into statements that support alignment and provide guidance for the integrated work of system partners.

The ICPM values express the shared beliefs and commitments that unite partners across the System of Care. The associated principles define how those values are applied in action, providing a common framework for making decisions, building relationships, and aligning policies and practice. In this way, the values and principles function as the moral and practical foundation of the ICPM. They align science, policy, and everyday practice to help children, youth, and families thrive within a unified, compassionate System of Care.



## TOGETHER, THE ICPM'S VALUES AND PRINCIPLES:

- Establish a shared language and purpose for partners from different agencies and disciplines.
- Ground cross-system collaboration in mutual respect, trust, and accountability.
- Ensure that practice remains consistent with the model's theoretical framework.
- Guide behavior and decision-making so that services are not only coordinated but also healing, equitable, and family- and community-centered.

## TRIBE, PARENT, AND YOUTH-DRIVEN

Parents and young people are supported in choosing the types of treatment, interventions, and supports provided (with increasing youth/young adult self-determination based on age and development). For Indian children, the Tribe is actively involved in decision-making throughout the service and system-level processes.

## COMMUNITY-BASED AND LEAST RESTRICTIVE

Services and supports are provided in home, school, and other community (non-institutional) settings. Responsibility for system management and accountability rests within a supportive, adaptive infrastructure of functions, processes, and relationships at the community and regional level.

## CULTURALLY, LINGUISTICALLY, AND EQUITY COMPETENT

Agencies, services, and supports are adapted to the cultural, racial, ethnic, and linguistic diversity of the young people and families served; care meets individual needs, including those shaped by culture and language, and to ensure equity in access, quality, and effectiveness of service.

# ICPM VALUES AND PRINCIPLES CONTINUED



## PREVENTION AND EARLY INTERVENTION FOCUSED

Care is proactive and recognizes and strengthens the protective and resilient capacities of families and communities, identifying and reducing circumstances that pose risks to healthy development or harm to children or disruption to the family. For Indian families, these efforts must include active efforts to prevent the breakup of the family as mandated by ICWA.

## INDIVIDUALIZED

Individualized services and supports are tailored to the unique strengths, preferences, and needs of each young person and their family and community. For Indian children, this includes working with the prevailing social and cultural values of the child's Tribe and Indian community.

## STRENGTHS-BASED

Each team members' strengths and assets are identified in the engagement and planning processes and used in developing strategies to achieve objectives.

## TRAUMA INFORMED

Trauma experiences, including historical trauma and those that occur in childhood, are recognized as affecting brain function, the attainment of developmental milestones, social perceptions, relationships, academic attainment, health, emotion, and behavior throughout an individual's lifetime. Trauma-informed services seek to understand the underlying circumstances and to build psychological and physical safety, resilience, and a sense of control and partnership with the provider.

## TEAMING

Services and care management are tailored to the intensity of need of young people and their families, and ensuring that multiple services and supports are delivered in a coordinated and therapeutic manner, so that families can move throughout the System of Care in accordance with their changing needs, personal preferences, and cultural resources, including active efforts to collaborate with Tribal representatives and culturally appropriate resources when working with Indian children and their families.

## FAMILY VOICE AND CHOICE

The culture, interests and preferences of youth and family members are valued as necessary to successful planning and are clearly visible in the plan. For Indian families, Tribes are required participants. ICWA placement preferences must be applied, and the best practice for implementing those preferences is to consult with the Tribe regarding placement. These discussions should happen between the agency and Tribe. Family voice and choice are included in those discussions, but ultimately Tribal preferences take precedence.

# ICPM VALUES AND PRINCIPLES CONTINUED

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## EVIDENCE-BASED PRACTICE

Services and supports include evidence-informed, emerging evidence-supported, and promising practices and are used to improve outcomes for young people and their families, including cultural adaptations as appropriate.

## NATURAL SUPPORTS

Includes important personal relationships and associations that occur in everyday life, and which enhance the quality of the teaming process.

## COLLABORATION

Plans and services are coordinated at the direct service and system levels, with linkages among youth-serving systems and agencies, across administrative and funding boundaries, and with mechanisms for system-level management including addressing cross-system barriers to coordinated care.

## DEVELOPMENTALLY APPROPRIATE

Developmentally appropriate services and supports are provided, including those that promote optimal social-emotional outcomes for young children and their families, address educational needs, as well as services and supports for youth to facilitate their transition to adulthood and to adult service systems as needed.

## OUTCOME-BASED

Plans clearly specify outcomes that are measurable, attainable, relevant, and within a defined timeframe. Results are routinely monitored and tracked. When strategies are not effective, they are revised, based on learning from what works and what does not.

## PERSISTENCE

Team efforts continue through difficult and changing circumstances, never giving up, continuing to find approaches that work, until the Child and Family Team (CFT) makes the decision that the child, youth and parent(s) goals are substantially met, and services are no longer needed.

## COMPREHENSIVE ARRAY OF SERVICES AND SUPPORTS

Ensures the availability and access to a broad, flexible array of effective, high-quality treatment, services, tribal service providers, and supports for young people and their families that address their emotional, social, educational, physical and behavioral health needs.

# ICPM PRACTICE ELEMENTS

The ICPM is organized around five interconnected practice elements. Together these elements operationalize the model's theories, values, and principles into coordinated, family-driven action and guide behavior at every level of the system, from direct service and family engagement to leadership and policy. The elements provide the framework for the practice behaviors and allow for greater understanding of the actions system partners take when working collaboratively with families.



## ENGAGEMENT AND TEAMING

Grounded in social neuroscience, engagement and teaming work together to create safe, empathy-based relationships that meet the brain's core social needs (esteem, choice, understanding, relatedness, and equity). Authentic engagement builds trust and recognizes families as experts in their own lives, helping them define their vision for safety, healing, and stability. Teaming extends this connection through the Child and Family Team (CFT), where families, Tribes, natural supports, communities, and system partners collaborate as equals.

## ASSESSMENT

Assessment refers to the continuous, collaborative process through which the family and their team develop a shared understanding of the family's strengths, needs, culture, and goals. Each system partner brings unique expertise to a unified process and the Child and Adolescent Needs and Strengths (CANS) tool helps build a shared understanding so the family and team can work together building on strengths and prioritizing needs.

## PLANNING AND PLAN IMPLEMENTATION

Building on engagement and assessment, planning is a collaborative process that translates shared understanding into action. The family and their team develop a family-centered plan with clear, measurable goals aligned with family priorities and CANS results. Plans balance formal and natural supports; integrate Tribal, system, and community resources; and emphasize family voice and choice.

## MONITORING AND ADAPTING

Following plan implementation, the CFT regularly reviews progress, celebrates successes, updates CANS ratings, and revises goals as circumstances evolve. Setbacks are viewed as opportunities to learn rather than failures, promoting resilience and maintaining team cohesion. Through shared reflection and adaptation, the team ensures the plan remains relevant, effective, and aligned with the family's vision and values.

## TRANSITION

Transition is an ongoing process that begins at initial engagement and continues through every phase of service. Purposeful transition planning ensures that as formal services wind down, families are supported by lasting natural and community connections. System partners remain engaged until stable supports and ongoing resources are established, enabling families to sustain progress and manage future challenges without further system involvement.

# ICPM PRACTICE BEHAVIORS FOR DIRECT SERVICE STAFF IN THE SYSTEM OF CARE

Grounded in the theoretical framework, values, and principles of the ICPM, these behaviors guide practitioners working collaboratively across systems to complete the activities identified in the practice elements. The practice behaviors also support practitioners to remain mindful of the five needs that form the biological foundation for all effective helping relationships.

ICPM	PRACTICE BEHAVIORS
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">A. ENGAGEMENT AND TEAMING</p>	<ol style="list-style-type: none"> <li>1. Be open, honest, clear, and respectful in your communication to and about parents, youth, and children.</li> <li>2. Listen to the child, youth, parents, and others who have responsibility to take care of a child or youth and demonstrate that you care about their thoughts and experiences without judgment.</li> <li>3. Help the parent and youth describe their vision of a better life.</li> <li>4. Work with parents, youth, tribe, and community to build a supportive team.</li> <li>5. Identify and engage family members, tribes, and others who are important to the child, youth, and parents.</li> <li>6. Demonstrate the skills and behaviors your role requires to fulfill your role as you facilitate and participate in the team process.</li> </ol>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">B. ASSESSMENT</p>	<ol style="list-style-type: none"> <li>1. From the first conversation and throughout all work with the child, youth, parents and team, engage in initial and ongoing formal and informal assessment of safety and risk, trauma, and planning for permanence and stability.</li> <li>2. Participate in a comprehensive, integrated assessment process that helps the family members to identify their own needs and strengths. Ensure that each involved organization responsible for assessment and care coordination has access to the full range of information needed to create a comprehensive picture.</li> </ol>

# ICPM PRACTICE BEHAVIORS FOR DIRECT SERVICE STAFF IN THE SYSTEM OF CARE

ICPM	PRACTICE BEHAVIORS
C. PLANNING AND PLAN IMPLEMENTATION	<ol style="list-style-type: none"> <li>1. With parents, children, youth and their team, develop an initial plan that focuses on priority needs that brought the family to the attention of the service agency or agencies; utilize trauma-informed approaches to assist the child, youth, and family toward safety, permanency, school stability, and healing from trauma experiences.</li> <li>2. Work as a team to address the evolving needs of the child, youth, and family.</li> <li>3. Work collaboratively with community partners to create better ways for children, youth, young adults, and families to access services and supports.</li> </ol>
D. MONITORING AND ADAPTING	<ol style="list-style-type: none"> <li>1. Plans include goals, strategies, and interventions with observable measures and timelines.</li> <li>2. Plans are monitored and revised as needed by the CFT to ensure that successful outcomes remain the focus.</li> </ol>
E. TRANSITION	<ol style="list-style-type: none"> <li>1. Work with the family to prepare for change in advance whenever possible to reduce the stress from the transition.</li> <li>2. As plans and strategies are successful, needs are addressed and strengths and resources increase, planned services and activities are reduced or eliminated.</li> </ol>

# LEADERSHIP BEHAVIORS FOR SYSTEM OF CARE LEADERS

The ICPM behaviors for leaders are grounded in the model’s organizational theories, values, and principles. They work to support system integration and define a consistent, relationship-centered approach that supports practice alignment when systems are working collaboratively with families.

ICPM	LEADERSHIP BEHAVIORS
A. ENGAGEMENT	<ol style="list-style-type: none"><li>1. Be honest, clear, and respectful in your communications internally and externally.</li><li>2. Create and ensure a learning-centered environment.</li><li>3. Demonstrate authentic empathy for peer agency leaders, staff, children, youth and parents.</li></ol>
B. TEAMING	<ol style="list-style-type: none"><li>1. Build partnerships.</li><li>2. Model inclusive and shared decision-making within your agency and across system partnerships to support effective implementation and support for the ICPM. Involve staff and partners in implementation and system improvement efforts.</li><li>3. Share and leverage resources across the Children and Youth System of Care to maximize the potential to better serve children, youth, parents, and the community.</li></ol>
C. ACCOUNTABILITY	<ol style="list-style-type: none"><li>1. Hold self and others to shared accountabilities.</li><li>2. Monitor organizational and practice effectiveness.</li></ol>