



# Children's Well-Being Continuum (CWBC)

Enhancing Care for Foster Children with High Acuity Needs



# What is CWBC?

Pilot initiative from  
the Children's  
Crisis Continuum  
Program (CCCP)

Launched via  
Assembly Bill 153

Designed for foster  
youth with high-  
acuity needs



# Purpose of CWBC

- Serving foster children with high acuity needs
- Focuses on:
  - Immediate stabilization
  - Transition planning
  - Long-term therapeutic care
- Establishing structured placement options

# Goals and Values of CWBC



Immediate  
stabilization



Seamless transition

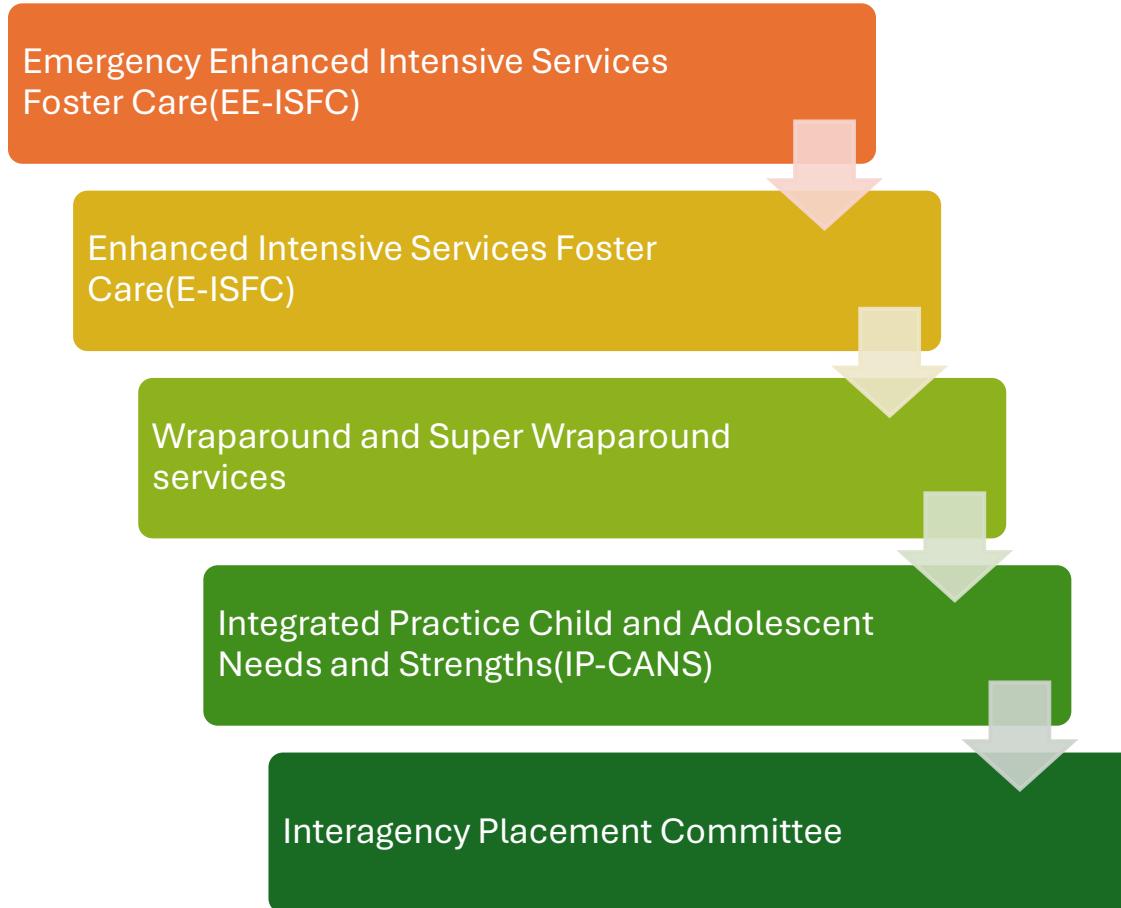


Individualized, trauma  
responsive care



Long-term therapeutic  
success

# Core Services Under CWBC





DEPARTMENT of  
BEHAVIORAL  
**HEALTH**



# Participating Agencies

- Fresno DSS
- Department of Behavioral Health
- Fresno County Probation
- Additional supports: Public Health, Education, Tribal Representatives

# What is the Interagency Placement Committee?

- IPC is the multidisciplinary team that reviews *all* CWBC referrals
- The Enhanced Interagency Placement committee (E-IPC) is used for higher acuity youth or placement changes

## Role:

- Reviews placements and service plans
- Ensures appropriate level of care

## Participants:

- DSS, Department of Behavioral Health, Probation, Public Health, School representatives

## Decision-Making:

- Approves or denies placements and services



# Legal and Policy Framework



Assembly Bill 153



WIC 4096 & 361.31



PPG 03-05-040





# Key Terms and Definitions

IP-CANS

Primary  
Treatment  
Team(PTT)

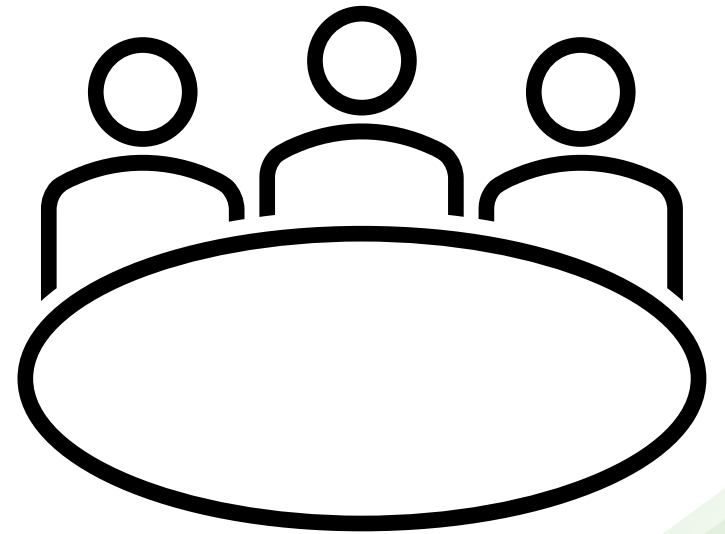
Child and  
Family  
Team(CFT)

Specialized  
Resource  
Parent

High  
Acuity/Unmet  
Complex Needs

# Needs Assessment

- IP-CANS assessment
- NMT metic
- Child and Family Team (CFT)



# Using the IP-CANS to Guide Services

## The IP-CANS:

- Is required before all CWBC referrals
- Identifies strengths, needs, and risks across domains
- Aligns services with actual functioning, not assumptions
- Supports eligibility decisions for E-E-ISFC, E-ISFC, WRAP, Super WRAP
- Informs CFT and E-IPC planning
- Must be updated at key milestones (placement, crisis, transition)

# Fresno's Role

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- One of several pilot counties
- Commitment to testing integrated models
- Focus on continuous quality improvement and metrics



# Intensive Placement Services

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# EE-ISFC

## Who qualifies?

- Ages 10-17
- Facing placement **instability**
- Experiencing **mental crises**
- IP-CANS reflects significant needs
- All other placement options exhausted

## Goals

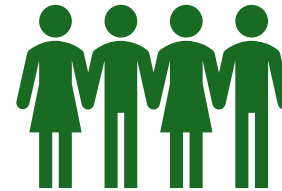
- **Short-term** stabilization
- Intensive supervision and **therapeutic** support
- Developing transition plans

# E-ISFC



## Who qualifies?

Ages 10-17 with persistent unmet needs  
Clinical need  
Up-to-date IP-CANS assessment  
Exhausted lower levels of care



## Services provided

24/7 supervision  
Individualized treatment  
Crisis response and behavioral interventions





# E-ISFC Qualifications

## Chronic indicators:

- Self-harm
- Aggression
- Fire setting
- Serious medical needs
- Delinquent behavior
- Developmental delays

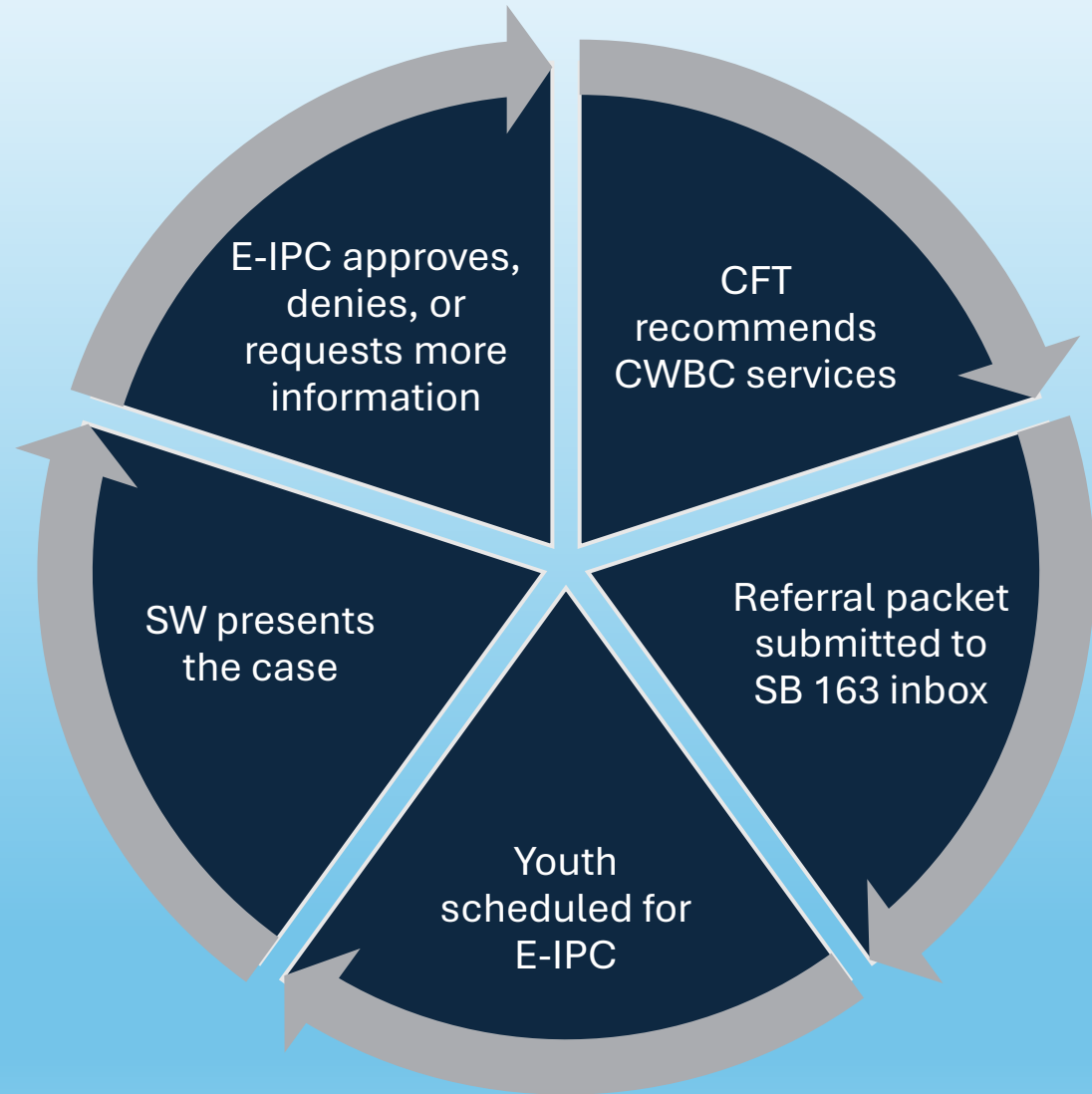
## Critical documents

- CFT documents
- Previous incident reports
- IP-CANS
- Mental health and psychiatric assessments

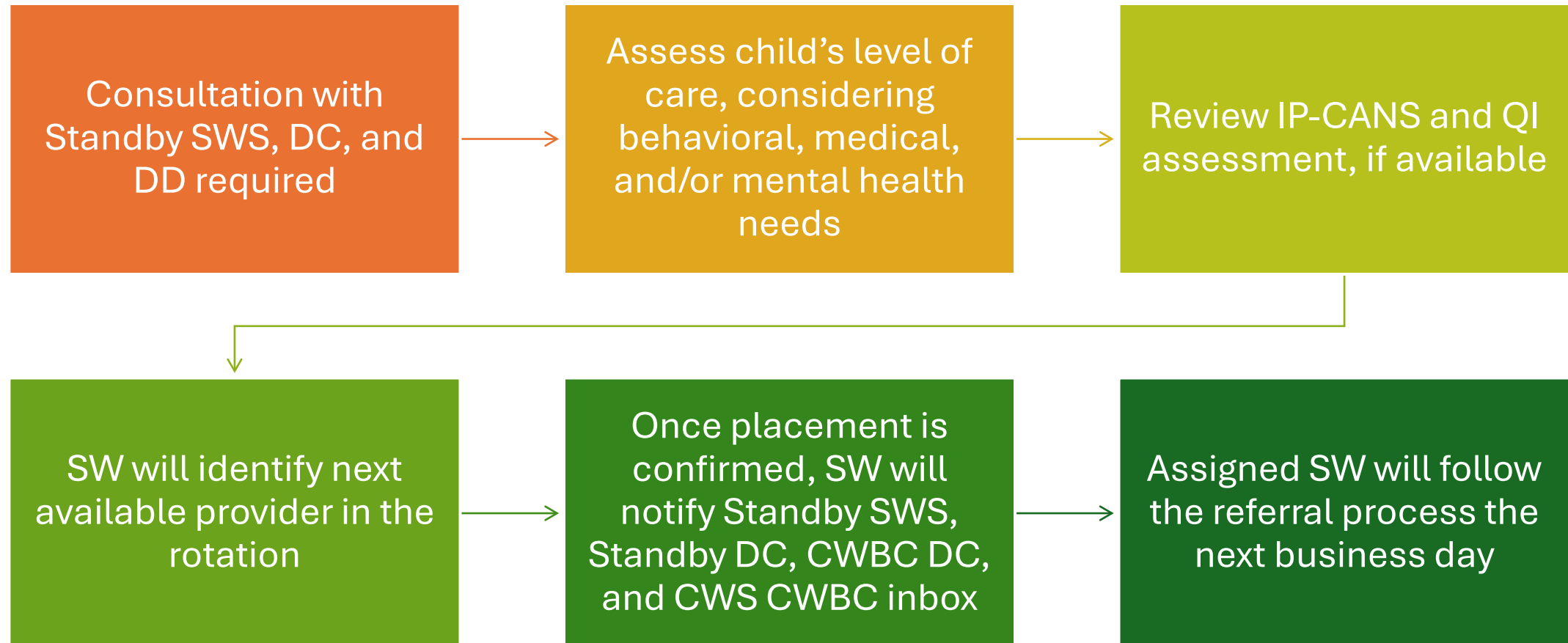
# Key Differences between E-E-ISFC and E-ISFC

Feature	E-E-ISFC	E-ISFC
Duration	Up to 30 days	Up to 12 months
Focus	Immediate crisis stabilization	Long-term therapeutic care
CFT Frequency	Weekly	Bi-weekly      Monthly
SW Visits	Weekly	Weekly(0-3 months), as needed later
Referral Timeline	Within 24 hours or 2 hours post-crisis	Within 2 days of CFT

# E-IPC



# Afterhours E-E-ISFC process



# Provider Role & Primary Treatment Team(PTT)

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24/7 IN-HOME  
CLINICAL SERVICES



WEEKLY CLINICIAN  
VISITS



21 HOURS OF  
THERAPEUTIC  
SUPPORT WEEKLY



FAMILY FINDING,  
SAFETY PLANNING,  
MEDICATION SUPPORT

# Coordinating with the Primary Treatment Team

## Key Tasks for SW's working with PTT:

- Maintain weekly communication(minimum)
- Attend or review team treatment meetings
- Share key updates: court, school, family, IP-CANS
- Align with service goals and crisis planning
- Document PTT input in CFT summaries and CWS/CMS
- Flag gaps in service delivery or engagement early

# Key Takeaways for E-ISFC & E-E-ISFC

- E-E-ISFC=Emergency, up to 30 days
- E-ISFC=Long-term, up to 12 months
- Both require timely, *complete* referrals
- Social worker tasks are time-sensitive and collaborative

*Planning drives stability. Collaboration drives success*





# Wraparound and Super WRAP:

Family-Driven, Team-Based,  
Strengths-Focused

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# What is Wraparound?

Strengths-based, family-driven support model

Coordinated by a team (facilitator, clinician, family/youth partners)

Used to prevent higher-level placement or support step-down

# Key Principles of Wraparound

Family Voice  
& Choice

Team-Based

Natural  
Supports

Individualized

Strengths-  
Based

Outcome-  
Focused

Community-  
Based

Culturally  
Responsive



# Super WRAP is:

- Wraparound+24/7 crisis response and higher intensity
- Intended for youth at risk of:
  - Psychiatric hospitalization
  - STRTP failure
  - Juvenile Justice involvement
- Up to 90 days of intensive engagement

# WRAP vs. Super WRAP-What's the Difference

Feature	Wraparound	Super WRAP
Duration	Ongoing	Up to 90 days
Intensity	Moderate	High (daily/24-7)
Risk level	Elevated	Acute (imminent risk)
Referral Process	CFT + SB 163 inbox	CFT + SB 163 inbox w/in 2 days
Goal	Stabilize or step down	Prevent hospitalization/justice involvement

# Wrap/Super Wrap Eligibility & Referral process

- Youth must meet **moderate to high** needs on IP-CANS
- Referral occurs during a CFT meeting
- Documentation includes:
  - IP-CANS
  - CFT Action Plan
  - Court and service history
  - HEP
  - Mental Health assessment

*The CFT must support the referral!*

# Supportive Solutions



Challenge	Solution
Caregiver disengagement	Use family partners and flexible scheduling
Youth not attending sessions	Incorporate interests into service plan
Poor communication with team	Weekly check –ins and team huddles
Service overlap/confusion	Clarify provider roles in CFT meetings



# Key Takeaways

- Wraparound=flexible, team-based support
- Super WRAP=short-term, high-risk intervention
- SW role=coordination and documentation



# Measuring Success

Quality improvement  
framework for oversight

Metrics for success

- Reduced placement disruptions
- Stabilize Child/Youth wellness
- Increased family reunification rates
- Enhanced child well-being outcomes

# Conclusion

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CWBC aims to provide a structured, trauma-informed pathway for high-needs foster youth

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Multi-agency collaboration ensures comprehensive, child-centered support

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Focus on stability, well-being, and long-term success



Please contact SWS Jennifer Cooper, DC Jessica Carrillo, or email the CWS CWBC inbox

**Questions?**  
**Concerns?**