

**California's Family Urgent Response System (FURS)**  
**Planning and Implementation Guiding Principles**

***Background and Context:***

There is a significant need for children and youth currently and formerly in foster care in California to have a system of support that allows for early and swift intervention to prevent difficulties in and out of home that result in placement disruptions. California is committed to establishing a team-based, collaborative system in order to deliver effective trauma-informed supports for all current and former foster youth and their caregivers. The intent of the Family Urgent Response System (FURS) is to be part of that system of support to children, youth and caregivers through immediate response to situations before they escalate into placement disruptions, law enforcement contacts, and psychiatric hospitalizations.

The following represent the guiding principles of FURS and outline suggestions that support the intent of the program.

***Overarching Principles***

- 1. The FURS was designed to address a critical need identified during Continuum of Care Reform implementation.** FURS provides 24/7 immediate phone-based and in-person support during situations of instability, closing the gap for families experiencing conflict who previously may have had inadequate options for trauma-informed alternatives to calling 911 or law enforcement. The need for FURS is even greater now given the anxiety and stress placed on children, youth, and their caregivers amidst the COVID-19 pandemic. FURS seeks to ensure a consistent and coordinated urgent response, rather than depend on youth meeting eligibility criteria based on geography, capacity or contracting limitations. While the resources available in each county differ and service models are varied, FURS provides a central place for children, youth, and their caregivers to receive both immediate phone and/or in-person support, on a 24/7/365 basis.
  
- 2. FURS is a completely new trauma-informed resource intended to fill a gap that exists statewide.** FURS was established to ensure that immediate support is available in a consistent and coordinated manner rather than dependent on meeting eligibility criteria that differ based on geography or provider. The resources available in each county differ vastly; even when resources exist there are variations in who they serve and when they are available. Children, youth, and caregivers often have trouble finding the support they need at the point in time when they most need it. They often do not know who to contact during critical moments and/or are turned away because their situation does not rise to a certain level of urgency or emergency or otherwise fit within the resource's eligibility criteria. FURS fills this gap by providing a central place for children, youth, and their caregivers to contact to receive both immediate phone support, as well as in-person support when needed, on a 24/7/365 basis. FURS will also present an opportunity to educate system partners or providers on reason why gaps are present in effort of reforming existing access or engagement needs.

- 3. The goals of FURS are broad.** FURS is intended to provide immediate, trauma-informed support to current and former foster youth and their caregivers and work closely with their CFT, if applicable, in a broad array of circumstances in order to:
- Improve child and youth and family outcomes;
  - Improve retention of current foster caregivers;
  - Help maintain children and youth in their current living situations and reduce placement moves;
  - Improve the trust and relationship between the child or youth and their caregiver;
  - Connect children or youth and their caregivers to existing services in their communities;
  - Reduce psychiatric hospitalizations, law enforcement contacts, and placement in congregate care facilities;
  - Promote stability for youth in foster care, including youth in extended foster care; and
  - Provide children and youth and caregivers with the tools that they need to heal from trauma and to thrive.
  - Reduce the rate of re-entry of former foster youth back into out of home care
  - Seamlessly coordinate existing teams and their services and in the event that services need to be added, provide the appropriate linkage for longer term support.
- 4. FURS is available for a variety of situations of instability.** Instability is defined broadly to include situations involving tension and conflict and does not require the youth to be the presenting problem or that a mental health related issue be present. In fact, a child or youth **does not need to meet any clinical criteria** for the caregiver, child, or youth to receive phone or in-person support through FURS. By providing support early on, FURS seeks to prevent conflicts from escalating and leading to a crisis or disruption in the relationship between the child or youth and their caregiver. The FURS statewide hotline and county mobile response systems must also be prepared to respond to a variety of situations including, but not limited, to those exhibiting behavioral health needs or mental health crises as part of the continuum of situations of instability.
- 5. FURS is available to current and former foster youth and their caregivers.** “Current or former foster child or youth” is defined to include “a child or youth adjudicated under Section 300, 601, or 602 and who is served by a county child welfare agency or probation department, and a child or youth who has exited foster care to reunification, guardianship, or adoption. A current or former foster child or youth shall be eligible for services under this chapter until they attain 21 years of age.” There is no time restriction on when an exit must have occurred for a former foster youth. For example, a 17-year-old former foster youth adopted, reunified, or appointed a legal guardian at 2 years old can still access FURS. In doing so, FURS can be a means by which to reduce the rate of re-entry of youth into the foster care system and out of home care. A “caregiver” is defined as “a person responsible for meeting the daily care needs of a current or former foster child or youth, and who is

entrusted to provide a loving and supportive environment for the child or youth to promote their healing from trauma.” Caregiver is defined broadly and includes individuals beyond a parent who are acting in a caregiving role.

- 6. All mobile responses will be considered urgent unless the caller specifically indicates that they do not want the response to be immediate.** The urgent versus non-urgent classification of FURS response should NOT be considered comparable to the immediate vs. 10-day response concept of the child abuse and neglect hotline or the definition of “urgent” as applied in the provision of covered mental health services within Medi-Cal, which are based on a specific set of criteria established within those respective programs and related policy. The purpose of FURS is to provide a child or youth and their caregiver with support at the time they identify they need it to achieve the goals listed in principle #3. A youth or caregiver experiencing instability to the point of asking for immediate support through FURS is likely at some risk of placement disruption. Providing immediate support and intervention will help reduce the likelihood of a placement disruption and the additional trauma that might result.

Given the broad aims of FURS, all FURS mobile response referrals should be considered urgent unless the caller requests otherwise. This means that situations not traditionally considered emergencies will still require an urgent mobile response. The required time frame for an urgent response is within one hour. When there are extenuating circumstances that prevent the county mobile response team from beginning to provide in-person support within one hour, they shall not exceed 3 hours to respond. The required timing for a non-urgent response is the same day within a 24-hour period. The mobile response teams should track their response time and document explanations of the extenuating circumstances when the response cannot occur within one hour.

***Warm Handoff / Referral for In-Person Mobile Response:***

- 7. The FURS statewide hotline will handoff all calls needing an in-person mobile response to the local single point of contact for the FURS mobile response system.** Each county or region of counties must identify a single point of contact to receive a warm handoff from the statewide hotline when a referral for in-person mobile response is needed or desired. FURS hotline staff will handoff all mobile response referrals to the identified FURS single point of contact for the county or region. The single point of contact is expected to then send a mobile response team that includes team members with the appropriate skill set and background to address the situation of instability, on a 24/7 basis, without transitioning the caregiver, child, or youth to another phone number. More information is provided in guiding principle eleven about the ability to share resources between an existing mobile crisis unit and the mobile response system created pursuant to FURS.

The Statewide Hotline staff will be trained to make determinations of calls that require a high-level emergency response and will take the appropriate action to connect the caller to the necessary services. However, even in situations that are psychiatric in nature and could benefit from a mental health intervention, a referral to the mobile response team may be sent as a secondary response. The statewide hotline staff will follow-up with the caller

shortly after emergency services are engaged to assess the need for a mobile response for further support.

- 8. Not all calls to the statewide hotline will necessitate a referral for in-person mobile response.** Trained counselors at the statewide hotline will provide the caregiver, child, and/or youth with support in deescalating and addressing their situations of instability, resolving conflicts, and assessing risk and safety. The required FURS response will depend on the individualized circumstances of each call and the desires and needs of the caregiver, child, or youth after receiving phone support. When a mobile response is not needed or desired, the hotline staff can still help with connecting the caller to other local resources they may need. In the event that the child or youth is connected to a CFT, the counselor will try to coordinate and collaborate with established CFT safety plans, child and family plans, providers or natural supports who are part of the CFT, while ensuring no delay in receiving needed phone or in-person support.
- 9. A warm handoff allows for the transfer of key information to avoid a second triage before in-person support is provided.** During a three-way call with the caregiver, child or youth, and the contact for the county or regional mobile response system established pursuant to FURS, the statewide hotline staff will share information gathered during the call, including information on whether an urgent or non-urgent response is needed and any identified risk or safety concerns. The three-way call allows for the transfer of information from the hotline to the mobile response system without requiring information to be repeated or a new triage process. The county or regional mobile response system will utilize the information received to identify response team members with the appropriate skill and training to provide in-person support. Before disconnecting from the youth and/or caregiver, the county will inform them who will be responding.
- 10. The single point of contact for a county or regional mobile response system should not be the CPS Child Abuse and Neglect Hotline.** A child, youth, or caregiver needing an in-person mobile response through FURS should not be routed through a CPS hotline in order to receive support through FURS. Youth and caregivers have expressed fear that a call to the FURS statewide hotline for support may result in a CPS investigation or the child's removal from the home. When there are no allegations of abuse or neglect, using investigators to respond to calls or routing calls to a local CPS hotline is likely to cause fear and anxiety for families and increase trauma, as well as deter families from reaching out to FURS for needed support.

Reports of abuse or neglect received by the FURS Statewide Hotline or County Mobile Response Team will be referred to the appropriate CPS Child Abuse and Neglect Hotline. Both statewide hotline staff and mobile response team members are mandated reporters and will refer any reports of abuse or neglect potentially needing investigation to the appropriate CPS hotline. Investigating abuse and neglect is not within the scope of the Mobile Response Team.

***Planning Considerations, Systems of Care and Contracting:***

- 11. Having counties determine what exists in their local community and describe in their plan if and how they will share resources, helps ensure the coordinated system envisioned by**

**FURS is achieved.** Each AB 2083 Interagency Leadership team should be aware of and supporting the FURS plan development. When developing their joint mobile response systems required pursuant to FURS, county child welfare, probation, and behavioral health agencies may consider sharing resources between any existing mobile crisis unit and the newly created FURS mobile response system.

At the local planning level, county agencies choosing to share resources will need to identify how they will share both the programmatic and fiscal resources, where gaps exist in who is served by existing crisis units, and how those gaps will be filled. For example, they must keep in mind that their existing mobile crisis units may have limitations in the hours they provide in-person support, who they serve, the geographic area served, and other differences from what is required by FURS. In their coordinated plan, the county or region of counties will need to describe how their FURS mobile response system will respond to the broad continuum of situations of instability, including mental health crises, 24 hours a day 7 days a week.

- 12. Continuum of Care and Service Coordination are Critical.** FURS services must assure timely connection to existing Child and Family Team (CFT) planning and service delivery, when applicable. If FURS interventions are not well coordinated with ongoing teams, significant treatment disruption and adverse youth outcomes may occur.
- 13. County mobile response teams are expected to coordinate with existing providers or professionals involved with a caller but should not delay or decline to provide immediate in-person support on that basis.** While children, youth, and caregivers should be encouraged to contact any current provider, social worker, or probation officer for support during situations of instability, there is no requirement that they do so before receiving a mobile response through FURS. There may be times when professionals are not available or cannot be quickly reached or when a child, youth, or caregiver may have chosen to reach out to the FURS statewide hotline because they wanted support from someone else. Moreover, FURS can be a resource for social workers or probation officers who may need immediate help in supporting their families and children or youth during situations of instability. When responding to a child, youth, or caregiver, the mobile response team can educate them about reaching out to their existing providers or resources, such as their CFT based safety and crisis planning information, in future situations of instability.

***Team Composition and Model Development:***

- 14. Law Enforcement should not be included as part of the mobile response team.** One of the goals of FURS is to reduce and prevent law enforcement contacts and calls to 911. Therefore, police officers should not be members of the county mobile response teams. The statewide hotline will only involve 911 in circumstances when it is unavoidable due to an identified high risk of harm. When involving 911, the statewide hotline may also make a referral to the county mobile response system, when safe to do so, so that a mobile response team may simultaneously respond to ensure a trauma-informed response.
- 15. Peer partners and those with lived experience should play a critical role as a member of the mobile response system.** As child welfare, probation, behavioral health agencies and community service providers have worked towards authentically engaging the voices of children, youth, parents, and families, the integration of peer partners into child and family

serving programs has emerged as a central value and practice of engagement. Youth and caregivers who have been involved in the development of FURS, have consistently expressed the importance of including youth peers and parent peers with lived experience in the mobile response team. They have emphasized that including peer partners will help improve their level of comfort and trust with the process and may ultimately improve the likelihood of success. Counties should consider having youth and parent partners available to provide support.

- 16. The mobile response team is a multi-person team.** An ideal model will often involve situations where team members include crisis-intervention clinicians, peer partners, youth advocates, and other support professionals or paraprofessionals, including resource coordinators, who are uniquely positioned to address situations of instability. In many scenarios, two team members will be needed, in order to have one team member who can meet individually with the caregiver while another team member meets with the child or youth. Counties should develop policies for when more than two people should go in-person and exceptions when only one person may be needed.
- 17. The mobile response team must be trauma-informed and view the family as a global unit rather than viewing the child as a problem to be solved.** Youth currently and formerly in foster care have expressed that they often feel like existing resources to address situations of instability make the youth's behavior the focal point of the discussion rather than exploring how all the members of the family contribute to the challenges. FURS is intended to remove blame, facilitate discussion between the youth and the family, identify ways to reduce the immediate tension, and determine a plan to utilize local resources to further strengthen the family long-term.
- 18. The mobile response system must be culturally competent and responsive.** Counties or regions of counties should examine their local populations to assess whether they have adequate levels of staff who can communicate in the languages spoken by the communities they serve and that are reflective of their communities. They should also develop a plan for how they will communicate with families in other languages if/when mobile response staff who speak the child, youth, or caregiver's language are not available to respond as part of the in-person team.

***Training and Minimum Education of Mobile Response Team Members:***

- 19. The qualifications and experience of those conducting the trainings is extremely important.** Trainings should be provided by trainers or include presenters with real experience on the topic. Additionally, youth and caregivers should be incorporated into trainings, when appropriate, and consulted in the development of the training.
- 20. All mobile response team members who will be providing in-person support should receive the same core training.** Ensuring staff are well-trained and have the skill necessary to provide trauma-informed support to children, youth, and caregivers is critical. The mobile response system should provide both onboarding and ongoing training with opportunities

for mentoring or shadowing, individual supervision, group team meetings, and hands-on learning opportunities. Due to a likelihood that staff will come with varying levels of experience, the county should develop a training plan tailored to the individual needs of the new mobile response team member. Per statute, mobile response systems created pursuant to FURS must consist of individuals with specialized training in trauma of children or youth and the foster care system on the mobile response and stabilization team. Please see Attachment A for a list of recommended training topics.

- 21. Counties should consider requiring professional staff hired for FURS to have a minimum number of years of child welfare or similar experience.** In addition to providing both onboarding and ongoing training and support to team members, counties should consider requiring that professional staff hired should have a minimum number of years of experience working with children and youth who have experienced trauma, families, and/or in the child welfare field.

## ***Attachment A - Proposed Training Topics***

### ***Foundational overview***

1. Overview of FURS
2. Overview of child welfare system
3. Overview of probation system
4. Understanding Child Abuse and Mandated Reporting Laws
5. Child and Adolescent Development (Brain Development)
6. Cultural competency & Humility
7. Foster youth rights
8. Wraparound
9. Integrated Core Practice Model
10. Confidentiality

### ***Operations/Administrative related to local mobile response system***

11. Documentation and Data Collection Requirements
12. Case Management and Technology Platforms
13. Resources Available in the Local Community
14. Overview of the County or Region's Single Coordinated Plan

### ***Trauma***

15. Childhood Trauma
  - a. Impact of Childhood Trauma, Loss, and Grief
  - b. Trauma-informed Care
  - c. Trauma-Informed Services
16. Secondary/Vicarious Trauma and Self Care

### ***De-escalation, Conflict Resolution, and Building Healthy Relationships***

17. De-escalation and Conflict resolution
  - a. Healthy Coping Skills
  - b. Positive coaching/behavior modification techniques
18. Crisis intervention
19. Suicide Prevention
20. Safety Planning
21. Assessment/triage
22. Youth Mental Health First Aid
23. Management of Assaultive Behaviors/Pro-ACT training

### ***Communication and Engagement***

24. Engagement and Motivation Skills
25. Motivational interviewing



***Additional Special Topics:***

26. Safety Issues Working in the Community
27. Sexual and Reproductive Wellness for Youth in Foster Care
28. Family Dynamics
29. Reasonable and Prudent Parent Standards
30. CSEC
31. Sexual Orientation, Gender Identity, and Expression in Child Welfare
32. Native and Indigenous populations, including overview of ICWA
33. Psychotropic Medication in Foster Care
34. Domestic Violence