

Where are you with CCR Implementation?

County: **ORANGE**

Date: **3/20/17**

What is working well?	What have been your challenges?	What do you plan on doing moving forward?
<p>What aspects of your implementation are you most proud of? What programs & agencies have been involved? What would your staff say is working well? What would your partners say is working well? What has been a challenge you've been able to overcome? How did you do it?</p> <p><u>Most Proud - Agency Involvement</u></p> <ul style="list-style-type: none"> ○ We are most proud of the Development of our Tri-Agency CCR Steering Committee, comprised of staff from Child Welfare, Mental Health, and Probation, along with Education Partners and Administrative Support. The Tri-Agency CCR Steering Committee collaborates effectively and meets monthly to oversee CCR Implementation. The Steering Committee has created four subcommittees, as noted below, which are also comprised of staff from CWS, MH, Probation, and Education. ● Over the year, we have developed strong, effective working relationships, and we communicate using solution-focused dialogue and a consistent message regarding CCR. We believe our FFA, Group Home and other Partners would agree. <p><u>Development of 4 CCR-Subcommittees</u></p> <p><u>CFT/ Inter-Agency Placement Committee (IAPC)</u></p> <ul style="list-style-type: none"> ● Working to define and streamline various teaming meetings (CFT, TDM, Wrap, etc.). ● CFT Training for staff. ● Development of the IAPC process for assessment of possible STRTP placements. ● During the CFT/ Inter-Agency Placement Committee planning meetings, everyone makes an effort to understand the Roles & Responsibilities of each Agency before decisions about procedures are made. <p><u>STRTP</u></p> <ul style="list-style-type: none"> ● Tri-Agency Pre-Meets with current Group Home Providers to clarify County expectations prior to the development of their respective STRTP Program Statements. ● Two staff from Child Welfare, Probation and Mental 	<p>Where are you stuck? What are some questions that you still have? What would your staff say isn't working well? What would your partners say isn't working well?</p> <p><u>Challenges</u></p> <ul style="list-style-type: none"> ● Implementing the CFTs in a timely manner seems to be an ongoing challenge. ● Communication between the line-staff and the Placing Agencies and Mental Health Providers is not yet consistent all of the time. ● Workload issues oftentimes impact cross-systems communication procedures. <p><u>Policy</u></p> <ul style="list-style-type: none"> ● Mental Health & Child Welfare - Developing Policies and Procedures around the Child and Family Teams and the CFT meetings that are clearly understandable across all child-services agencies. ● Child Welfare - the changes, frequency, and releases of State ACLs and ACINs detailing new implementation guidelines for CCR is challenging for Child Welfare Policy development. ● Child Welfare requests additional time to restructure programs, train, and update internal Policies and Procedures to align with CDSS guidance, and the timing of CDSS guidance does not regularly allow for child welfare staff in counties to develop sufficient infrastructure to meet state imposed implementation deadlines. ● Competing priorities (e.g., implementing aspects of AB 403 is critical, but so are the new regulations surrounding SB 794, oversight of psychotropic medication, etc.) ● Lack of staff financial support/resources to fully implement CFTs for all youth placed in out-of-home care. <p><u>Where are you stuck?</u></p> <p><u>Assessment (TOPS or CANS)</u></p> <ul style="list-style-type: none"> ● In advance of hearing which tool will be used by Child Welfare, there are growing questions about the many tools that impact level of care – SDM, SOP, for example – and how TOPS or CANS can be integrated in a 	<p>What do you feel are important next steps? What are your future plans to address your challenges? What are your other plans to move implementation forward? What does your staff think about your next steps? What do your partners think about your next steps?</p> <p><u>Next Steps</u></p> <ul style="list-style-type: none"> ● Orange County plans to continue the high level of collaboration between the Health Care Agency, Social Services Agency, and Probation Department, as well as partnering with other county child-services departments/agencies to achieve full implementation of CCR. ● Orange County will continue to provide training and support to all County staff and contracted providers involved in delivering services to foster children and youth. ● Outreach and engagement efforts will continue to be monitored and explored to ensure the community is well-informed of CCR implementation and are included in the development of resources for foster children/youth and their families. ● OCFC transition to a 10-day Temporary Shelter Care Facility. ● Increase Approved Resource Families for Home-Based Care. ● Increase Supports for Resource Families.

<p>Health to conduct thorough Tri-Agency review of STRTP Program Statements, for consideration of Letters of Support for Providers.</p> <ul style="list-style-type: none"> • Tri-Agency meetings to provide feedback on STRTP Program Statements, and clarify areas needing further clarification and where improvement is needed. • Discussion of CCR and STRTP Requirements at Quarterly Group Home Forums with Providers. <p><u>FFA</u></p> <ul style="list-style-type: none"> • Ongoing meetings with the FFAs to provide technical assistance regarding RFA Implementation. • Initial review of FFA Program Statements to identify those interested in providing Therapeutic Foster Care. <p><u>Stakeholder Engagement</u></p> <ul style="list-style-type: none"> • Tri-Agency development and delivery of in-person CCR Overview Presentations to Child Welfare, Probation, and Mental Health staff in 12 sessions from January-April 2017, plus Presentations to Court Personnel, Attorneys and Bench Officers, Education Partners, and various Community Partner groups. <ul style="list-style-type: none"> ○ Representatives from CWS, MH and Probation present and attend the training together to give staff an opportunity to meet people from the other agencies and to communicate our shared commitment to implementing CCR in a collaborative way. • Development of Frequently Asked Questions (FAQ), gathered from questions during the CCR Overviews, to be posted on a website for CWS, MH and Probation staff and the community to view. • Development of a CCR Overview Webinar for the Community, to be posted on the Social Services Agency's website. <p><u>Additional Workgroups</u></p> <p><u>RFA</u></p> <ul style="list-style-type: none"> • Coordinated, streamlined training for all prospective resource families, with kin and community families participating together for shared learning. • Leveraging of experience as a Foster Care Licensing County and as a Licensed Adoption Agency, some systems were in place to build upon, such as a clearance and exemptions system and experience in completing psychosocial assessments. • Continued commitment to and success in placing 	<p>meaningful way for staff and families.</p> <ul style="list-style-type: none"> • What will training look like? <p><u>Rates</u></p> <ul style="list-style-type: none"> • How will the level of care rates align with the new rate structure? Will counties continue to be allowed to issue Special Care Increment (SCI) rates? • Will Wraparound rates be increased to enable counties to continue using Wraparound as a valuable resource to support children/youth in home-like settings, ideally with relatives? <p><u>Shelter Transition</u></p> <ul style="list-style-type: none"> • Lots of questions as CDSS has started talking with counties about the Transition/Implementation Plan, new Temporary Shelter Care Facility Interim Licensing Standards requirements, and the timeline for submission of plans and expectation for effective date of new TSCF Licensure. <p><u>Lack of Home-Based Care Resources</u></p> <ul style="list-style-type: none"> • Orange County has identified a resource gap for many youth who have not been successful in traditional foster homes, but who may not meet the criteria for STRTPs, and who might be served best in Therapeutic Foster Care if we had families willing to provide this type of care and level of support. • Orange County is experiencing a number of orders from Juvenile Court that complicate staff's ability to best match children to family homes, i.e. the Court is ordering: Siblings to Remain Together; Child/ren to Remain In County; Child/ren to Attend his/her School of Origin; and, Increased Parent/Child Visitation. <p><u>Group Home transitions to STRTP</u></p> <ul style="list-style-type: none"> • Uncertain whether the current Group Home Providers will be successful in transitioning to STRTPs and meeting the increased therapeutic expectations for high-needs youth. <p><u>RFA</u></p> <ul style="list-style-type: none"> • The length of time required to complete the approval process for Relatives, NREFMs and Recruited Families is taking much longer than expected. • Relatives and NREFMs are reporting/experiencing difficulties in encouraging roommates and/or renters to comply with RFA requirements, in part due to multi-family households (as a result of the high cost of housing in OC). • Relatives and NREFMs with limited or no health insurance are finding it difficult to comply with Health and TB screenings required under RFA. • Data barriers due to CWS limitations. • Significant increased workload associated with the RFA process for all resource families. • CCR appears to necessitate the migration of certain processes previously performed by Adoption Agencies to RFA (e.g., homestudies were previously completed by 	
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<p>children with Relative or NREFM caregivers whenever possible.</p> <p><u>Shelter Transition</u></p> <ul style="list-style-type: none"> Engagement of Child Welfare staff and managers to identify both current and new activities to support the transition to 10-day shelter. Engagement of Shelter staff to support children and youth as they transition to placements in the community within 10-days. Engagement of Community Partners regarding the need for increased family-based homes in Orange County and the development of Therapeutic Foster Care. <ul style="list-style-type: none"> Engagement with current Providers regarding the need to increase our collaboration and partnership to best serve the children and youth in their care. <p><u>Challenges Overcome</u></p> <ul style="list-style-type: none"> One of the challenges is becoming familiar with all of the different Departments in each Agency. <ul style="list-style-type: none"> However, representatives from each Agency are open to educating others about their respective Departments and systems of operation. This level of communication increases everyone's understanding regarding how CFTs will impact each Agency. We overcame the challenge of organizing such a large project by pooling the resources of CWS, MH and Probation and frequently meeting together to keep things moving forward. 	<p>Adoption Agencies but are now replaced by the RFA homestudies, which must be completed upfront).</p> <ul style="list-style-type: none"> Counties need further clarification regarding how the RFA assessment process does or does not impact traditional adoption/permanency planning functions. Are there other non-homestudy adoption functions that CDSS acknowledges the RFA programs may complete? How will confidentiality surrounding adoption (i.e., prospective adoptive parents) be maintained given the CFT requirements? RFA Written Directives continue to be modified, necessitating continuous refinement of procedures, development of new forms/procedures, etc. Increasing awareness of CCR as a whole, not just RFA, among internal staff. Increasing awareness among Court partners as to the impact of court-ordered services, supports, and placement parameters on expediting a child's placement into home-based family care. <p><u>Overall CCR Implementation</u></p> <ul style="list-style-type: none"> The timeline to implement all components of CCR continues to be a challenge. Child Welfare would like to see clean-up legislation address a staggered approach that would allow counties to increase family-based care prior to changes in residential and shelter facilities. 	
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Implementation Scale: Rate your implementation on a scale from 0-10, where 0 means nothing has been done around implementation and 10 means that you are at full implementation of CCR.



If not already identified, what do you need to do to move up one number? _____