

Where are you with CCR Implementation?

County:

San Bernardino

Date: 3/27/17

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>We are proud of the structure, depth and usefulness of the collaboration between CFS/DBH/Probation in our planning and implementation process, and that it is expanding to include Transitional Assistance and IEHP Managed Care Provider more deeply. We are involving group homes and FFA's through contracts designed to move FFA's and GH's in the direction of CCR early. We are proud of our Resource Family Specialists, who are former caregivers who provide communication, support, and referrals directly to county RFA caregivers.</p> <p>Our staff would say that our communication regarding the program is working well; they understand the goals and components of CCR. They understand that it started in January and won't be complete until the end of 2019. Our partners would say that they are enjoying the information they are receiving in multiple venues, and that they know better than they did who to reach out to when they need something.</p> <p>We have regional Core Practice Model Implementation Teams that track practices that promote CCR, like CFT Implementation. Staff at all levels are very engaged in these meetings.</p> <p>Probation staff needed training on CFT Meeting Facilitation, and CFT social workers were reporting that they did not all feel comfortable facilitating CFT Meetings, so we developed a training that focused on building on the skills they already had from working closely with families and their supports. It has been well received.</p> <p>We designed a simple SharePoint site to manage and move on all the STRTP applications, and that has been helpful. We are expanding the use to include all requests for letters of support.</p>	<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>Of course, the hardest parts of CCR are all the changes and the volume of the additional work. Some of our new staff are still in training and we have a contract under development that should help with this.</p> <p>We have expanded CFT's and are holding more CFT meetings, but social workers would say they find it difficult to keep up and document efforts. Documentation requirements changed, and that was confusing.</p> <p>We have an extensive collaboration with DBH and their contracted providers to screen, assess, and treat foster youth. Communication problems are often reported at the line level; e.g. child changed placement, caregiver not responding, etc. A work group has been formed to resolve this problem.</p> <p>We are trying to keep good data on the RFA process, and it has been difficult because CMS data is limited and our ETO database has not been updated yet. Our staff would say that the extensive log we have developed to track work has been difficult to adjust to, although it gets better every day. We hope to simplify the log once ETO is updated.</p> <p>RFA staff are finding that relatives do not understand why they need to complete the RFA process and have a lot of emotion to process with the workers. Sometimes this is frightening for non-relatives. Relatives are finding it confusing to interact with several social workers. RFA workers are finding they spend a lot of time listening to relatives process their fears and emotions. We anticipate that RFA workers will become more skilled at helping relatives process their emotions more efficiently over time, as they did with foster parents.</p> <p>Space for RFA Orientations is taken up by relatives.</p> <p>We are struggling with the RFA Out of County Protocol, which also changed, and completing the process within 90 days, although we have had some success in this area.</p>	<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>We will continue building the Core Practice Model and CFT understanding and practice at the worker level. We will continue to work through our CPM Implementation Teams to do this. Staff are very engaged in this process.</p> <p>CFS and DBH has a workgroup focused on improving communication between CFS, mental health providers, and caregivers regarding assessments and treatment. Partners and staff are included in the workgroup.</p> <p>Social workers do not all understand how the contract with the FFA's with MHS providers works. An information sheet is being developed.</p> <p>RFA will be easier to track when the ETO database is updated. This process has just started. Staff look forward to some relief from the temporary log we are using.</p> <p>We will continue deepening our collaboration with TAD and IEHP to improve the process for relatives, provision of MHS for children with mild to moderate needs, and in preparation for AB1299.</p> <p>There is a contract under development with various FFA's to complete approximately 500 Permanency Assessments per year. This should go into effect by June. RFA staff look forward to this.</p> <p>We will continue reviewing program statements for prospective STRTP's.</p> <p>We will review the RFA Orientation process and look for opportunities to serve more non-relatives, as most slots are taken up with relatives. Staff are worried about this and the emotion expressed by relatives in front of non-relatives and would like to go back to orienting and training them separately. We are looking for other ways to manage this challenge.</p>

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.

0



10

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

San Bernardino Implementation is currently at a 6. To move up one number, any of these could take place: CFT implementation will be clear and better documented; communication between CFS, DBH providers, and caregivers will be smooth; we will have recommended more STRTP's; we will have upgraded ETO for RFA; RFA workers will all be trained and the RFA contract will be implemented.