• Strong interagency partnership - CW, BH, Probation, PH

• Formal evaluation framework in development
  • Monitoring interagency implementation activities
  • Developing shared outcome metrics
  • Will create interagency, integrated, aggregate data collection and analysis
  • Multiple domains - CFTs, placement continuum, specialized MH services

• Child and Family Team Meetings
  • Improved buy in by staff and families of practice shift
  • Increased frequency
  • CW and Probation using CFTs to avoid removal of children
• STRTP Conversion
  • All but two local group homes have submitted program statements to county
  • Collaborative review process (CW, Probation, BH)
  • Education provided to local group homes, particularly on MH certification
  • Continued decrease in GH/STRTP use

• Resource Family Recruitment, Retention and Approval
  • Increase in unmatched homes
  • Continued innovative efforts at recruitment, training and retention
  • Additional contract resources for RFA family assessments
• Children’s Accelerated Access to Treatment and Services (CAATS)
  • ALL children entering CFS to receive full specialty MH assessment and at least short term MH services
  • Time from detention hearing ➔ MH Assessment ➔ MH Services ≤ 15 business days
  • Began February 1, 2018 - Supported by MHSA Innovation $
  • BH incorporating CANS in assessment

• Psychotropic Medications
  • Planning interagency process improvement effort
  • Goal to integrate and coordinate psych meds determination, authorization and oversight efforts of CW, BH, PH and Probation
Working Well

- Family Engagement “Boot Camp”
  - 4 day training by Kevin Campbell of most staff from CFS, as well as staff from public and private agencies serving families in CFS and Probation systems (about 225 individuals total)
  - Focus on teaming, family engagement and healing of families
  - Integrated strongly with local efforts around practice change
  - Will be formally evaluating impact of integration of family engagement strategies, CFTs and SOP/CPM
Challenges

• Child and Family Team Meetings
  • Coordination, scheduling and tracking
  • Varied levels of engagement of safety networks and key partners

• STRTP Conversion
  • Uneven quality of program statements
  • Concern especially about GH ability to develop quality MH treatment program
  • Multiple program statements submitted in short time period - workload issue for county agencies to manage the reviews

• Increasing SW Workload - CFTs, LoC, CANS, etc., etc.

• Unclear policy from State - LoC, CANS
Challenges (cont.)

- Resource Family Recruitment, Retention and Approval
  - Recruitment and retention of emergency shelter homes
  - Time to RFA Approval
  - Higher than anticipated need for respite care
  - Higher than projected use of “bridge funds” to support emergency approved relative caregivers
    - Potentially exacerbated by Level of Care
  - Still in early development of TFC - recruitment expected to be very challenging, given MTFC and ITFC experience

- Treatment Continuum
  - Continued challenges meeting treatment needs of children with the most significant needs
    - Includes STRTP reluctance to accept some children
Next Steps

• STRTP Conversion
  • Continued TA, including 1:1 support, to be provided to local GHs, particularly related to mental health

• Resource Family Recruitment, Retention and Approval
  • Exploring provision of “bridge funds” to emergency approved relatives under LoC
  • Continued child-specific recruitment efforts (Wendy’s Wonderful Kids)

• Rollout of TFC, LoC, CANS, revised Time in Care protocols

• Psychiatric medications Kaizen
Next Steps (Cont.)

- **Evaluation**
  - Development of outcome metrics, standardized reporting

- **Treatment services**
  - Rollout of CANS as part of CAATS
  - Continued exploration of alternative approaches to support families and children in placement - e.g., in-home safety watch, joint contracting, etc.

- Support increased engagement of, and partnership with, PHNs across CW service continuum
Collaboration and Placement Efforts

What’s Working Well

Continued monthly internal CCR meetings
Collaborative monthly meetings (CCR, Katie A)
CSEC Weekly and Monthly meetings
Level of care and assessment trainings in place
Increased electronic tracking of CFT’s and services

Behavioral Wellness currently participates in AB 1299
Intercounty Workgroup, and CCR State/County
Implementation Team Meeting.
The Behavioral Wellness Quality Care Management (QCM) team is working to create and/or update policies and procedures related to CCR, Katie A, and AB 1299 to facilitate processes.
QCM is collaborating with and reaching out to out-of-County providers and CWS to support more timely access to services. QCM has a contact list for Out of County contacts for out of County authorizations.
Behavioral Wellness Children’s clinics County-wide have been trained on CANS and complete the CANS with clients at intake and every 6 months thereafter.

Challenges?

Additional workload on staff: CFTs, LOC, CANS
Limited funding, not enough staffing
Recruiting TFC and ISFC homes
Hard to place youth: Psychiatric hospital far from county,
There is a need for more crisis services in the continuum of care
CWS and Behavioral Wellness having access to different information regarding children placed out of County; room for growth in communication and/or information sharing between agencies.
CFT Tracking and Communication

What’s Working Well?

- CFT process improvements
- CFT facilitation trainings
- CFT tracking and sharing

Challenges?

- Additional workload on staff
- CFTs to determine LOC, CANs sharing and implementation with CWS and Probation
- Presumptive Transfer - communication
- School - no one taking the lead to call or begin the IEP process for kids when required for higher level placements
Continuous Improvement

What’s working well?

- Continuing to improve templates in the EHR to be able to track timelines and services for improvements
- Continuing to develop and improve services to identify levels of care
- Continue to meet within Work groups to improve services
- Good relationship with CWS, collaborative partnership
- Behavioral Wellness QCM team has access to data reports regarding timely access to services for Katie A.

Challenges?

- Need for consistent, regular tracking and follow-through with partner agencies - sharing of data
- Improving organizational culture within children’s programs to improve collaboration and services
Behavioral Wellness

- 2017 – CFT facilitation training completed by all the supervisors for train the trainer.
- Triage Grant application for TAY Age to build on the level of care needs.
- Create FSP TAY program
- Re-Train FSP wrap teams in 2018 to increase capacity and complex capability.
- Working with Behavioral Wellness to develop a local form to document STRTP criteria
- Continue to collaborate with CWS and improve overall communication including communication regarding presumptive transfer process and out of County placements.

Probation/CWS

Probation:
- Participation in CFT training
- Changing internal process to align with CCR requirements
CWS:
- Increase shared tracking of CFT/CANS
- Improve presumptive transfer processes
- Improve CFT participation
Riverside County: Collaboration for transition
Collaborative System of Care

Riverside County Collaborative System of Care (CSOC) Framework

County of Riverside
RUHS-BH/DPSS/Probation/Education Directors

CSOC Steering Committee Facilitators: Lorie Lacey-Payne Chris Rosselli

Behavioral Health Executive Review

DPSS-CSD Executive Core Team

CSOC Core Committee:
RUHS-BH Janine Moore
DPSS-CSD Ivy Jackson/Colette Crawford

Stakeholder Advisory Group

Collaborative System of Care Subcommittees

Continuum of Services
CSOC Training
Informing/Communications (As Needed)
Data Analysis & Outcomes
Fiscal (As Needed)
CFT
Inter-agency Committee on Placement (ICOP)

Collaborative System of Care Adjunct Meetings

CFTM Team Facilitator & SSA Consistency
CCR/RFA
Children & Family Services Integrated Practice Technical Assistance Calls
Psychotropic Medication State Call
Psychotropic Medication Local Meeting
Tribal Services
MTTC/ITFC
Support Letter/Hold Committee Report to ICOP Subcommittee

Riverside County October 2017
Groups promoting Collaboration

- Continuum of Services
- CSOC Training
- Informing/Communications
- Data Analysis/Outcomes
- CFT
- Inter-agency committee on Placement
Continuum of Care Reform (CCR) Implementation Progress

San Bernardino County Children and Family Services
February 27, 2018
Short-Term Residential Therapeutic Programs (STRTPs):

- Group Home Exception process is running well:
  - Using SharePoint site for all 3 departments to review at once
  - Holding face to face meeting with applicants regarding revisions
- Group homes understanding conversion requirements better
  - Very concerned about a few homes, but all plan to convert
- Made presentation to each County Supervisor regarding CCR and STRTPs
- Streamlining protocol for recommending new STRTPs
  - More collaboration and communication with community up front
- Still experiencing rejections and 7-day notices from STRTPs
  - Reporting incidents to CDSS monthly
- Beginning step down plan for children in lower level RCL’s
  - Placement Coordinators developing plans with SW’s and CFT
Foster Family Agencies (FFAs)

FFAs:

- Impact of CCR on coordinating and transitioning MHS not clear yet
- Contracting with 20 FFA’s to assist with County RFA Permanency Assessments
  - Almost 200 assessments referred out
  - Requiring significant County staff resources to coordinate effort
- ISFC requirements not entirely clear to County or FFAs yet
LOC Tool:

- Training half way complete
- Appreciate delay to March 1, but two-phase implementation complicates understanding
- Gave feedback on SCI to CDSS last week
TFC:

- New Manual is being reviewed by DBH
- Billing codes established in local system
- FFAs currently contracted with DBH for Mode 15 EPSDT Medi-Cal Specialty Mental Health Services are in discussions about implementation plans for Mode 5 SMHS (i.e., TFC)

Next steps:

- Complete contract updates and obtain BOS approval
- Develop local tools/forms needed for implementation (e.g., service necessity, client plan, etc.)
- Local Training to TFC service, billing, and documentation
- Implement ongoing monitoring for CQI
Mental Health Screenings, Assessments, Referrals, and Treatment:

- Use of “Service Coordinators” to
  - Enter initial screenings
  - Make assessment appointment
  - Send appointment reminder text to caregivers
  - Dramatic increase in completed assessments
  - Next step: create equally effective process to confirm children are in treatment

- AB1299 started
  - Specialized CFS staff notifying counties of residence for OOC children
  - SW’s not savvy about AB1299 and process yet
  - Complicated by different counties having different services
  - Some other counties still asking for foster youth to be served under SB 785 processes
  - Authority for Consent for Treatment varies by county
Mental Health Screenings, Assessments, Referrals, and Treatment

- **CANS**
  - SBC part of first cohort
  - CFS to begin planning implementation in March, waiting on statewide workgroup first meeting
  - DBH & Providers have established processes and has been sharing CANS with SWs

- **CFT**
  - Clerical support setting due date and sending reminders to SW’s
  - Documentation in Associated Services page improving
  - Unclear why ACL requires second CFT entry
  - SW’s all trained as facilitators and receiving coaching
  - Facilitator fidelity tool available; use is not mandatory
Mental Health Screenings, Assessments, Referrals, and Treatment

- **RFA**
  - Training is going well and appreciated by relatives
  - SWs and contracted providers both struggling to meet timeframes
  - No payment until approval **BIG** problem for NREFMs with ER placements
  - Using Business Process mapping and daily supervisor touch base meetings to improve process and reduce time to approval

- **MOUs**
  - Administrative Joint Management MOU in place for CFS/DBH/Probation since Katie A. implementation
  - MOU in place for CFS/Probation for RFA Process
  - Several data sharing and program MOUs already in place for CFS/DBH, so CCR MOU not necessary
Mental Health Screenings, Assessments, Referrals, and Treatment

- **CQI**
  - Receiving consultation from Casey Family Programs and PCWTA Coaches
  - Using 9-step Logic Model Data Driven Decision Making plans to track progress
  - 2 hours of each CFS Combined Managers’ Meeting devoted to CQI
  - Operational regions working on fidelity to SDM Risk and Safety tool plan
  - Specialized regions working on program specific plans, including improving placement matching through SOP principles
CCR Implementation Successes, Lessons Learned, and Challenges

• Successes:
  - MH Screening and Assessment process;
  - RFA training
  - Development of Resource Family Specialists position (former caregivers) to support resource families

• Lessons Learned:
  - Contracts require even more coordination than expected
  - Nothing is more important or harder than communication and follow through at every level

• Challenges:
  - Securing placements for highest needs youth;
  - ACL’s come late, some with unexpected changes and complications
  - Meeting RFA timelines
  - No foster care payment until ER home is approved/no CalWORKs for NREFMs
SAN DIEGO COUNTY

Child Welfare Services
Behavioral Health Services
Probation
SAN DIEGO HIGHLIGHTS

- Converted Polinsky Children’s Center to a 10-day shelter – 95% of youth are leaving within 10 days
- 125 youth in group homes
  - 17% decrease since Jan. 1, 2017; previously had a reduction of 45% since 2013
- Procured CFT Facilitation Contract
- Procured all FFA Contracts
- Ready to implement Level of Care assessment
- Implemented new IPC process for all children in group homes
- STRTP program statements being reviewed
CCR IMPLEMENTATION

UPDATES & CONTINUED IMPLEMENTATION

- CWS
- BHS
- TSFC
- CFT
- LOC
- IPC
- Community Partnerships
- Probation
CCR IMPLEMENTATION

Successes
- 3 C’s: Continued collaboration, coordination and commitment to CCR
- Ongoing communication and trainings for community partners
- Opportunities for innovation

Challenges
- Staffing considerations, additions, changes
- Additional workload
- Sustainable funding for recruitment and retention for Resource Families

Lessons Learned
- Workgroup multi-agency/partnership approach is best to develop policy and procedure
- Creative, continuous recruitment & retention efforts
THANK YOU!!!

QUESTIONS & ANSWERS
Southern Region CCR Webinar Convening
February 27, 2018 – 1:00 pm – 2:30 pm
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February 27, 2018 – 1:00 pm – 2:30 pm

Questions

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