

Ventura County CCR Update

Children and Family Services

Probation

Behavioral Health

Public Health

February 27, 2018

Working Well

- 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

Working Well (cont.)

- 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/STRTTP 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

Working Well (cont.)

- 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



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery



Santa Barbara County CCR Implementation Progress

2018

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



Next Steps

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:

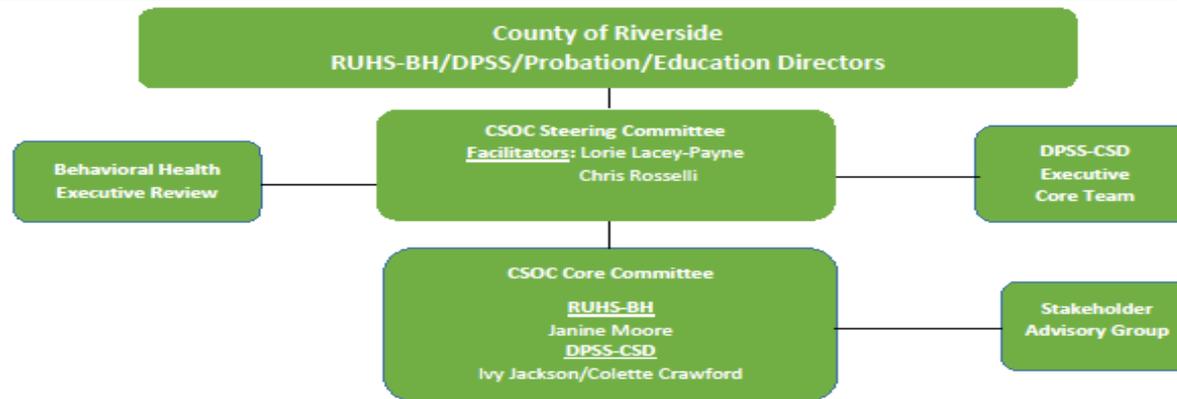
- increase shared tracking of CFT/CANS
- improve presumptive transfer processes
- improve CFT participation



Riverside County: Collaboration for transition

Collaborative System of Care

Riverside County Collaborative System of Care (CSOC) Framework



Collaborative System of Care Subcommittees



Collaborative System of Care Adjunct Meetings



Groups promoting Collaboration

- Continuum of Services
- CSOC Training
- Informing/Communications
- Data Analysis/Outcomes
- CFT
- Inter-agency committee on Placement



Children and Family Services

Continuum of Care Reform (CCR) Implementation Progress

San Bernardino County Children and Family Services

February 27, 2018

Short-Term Residential Therapeutic Program (STRTP)

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

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

- 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

- 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



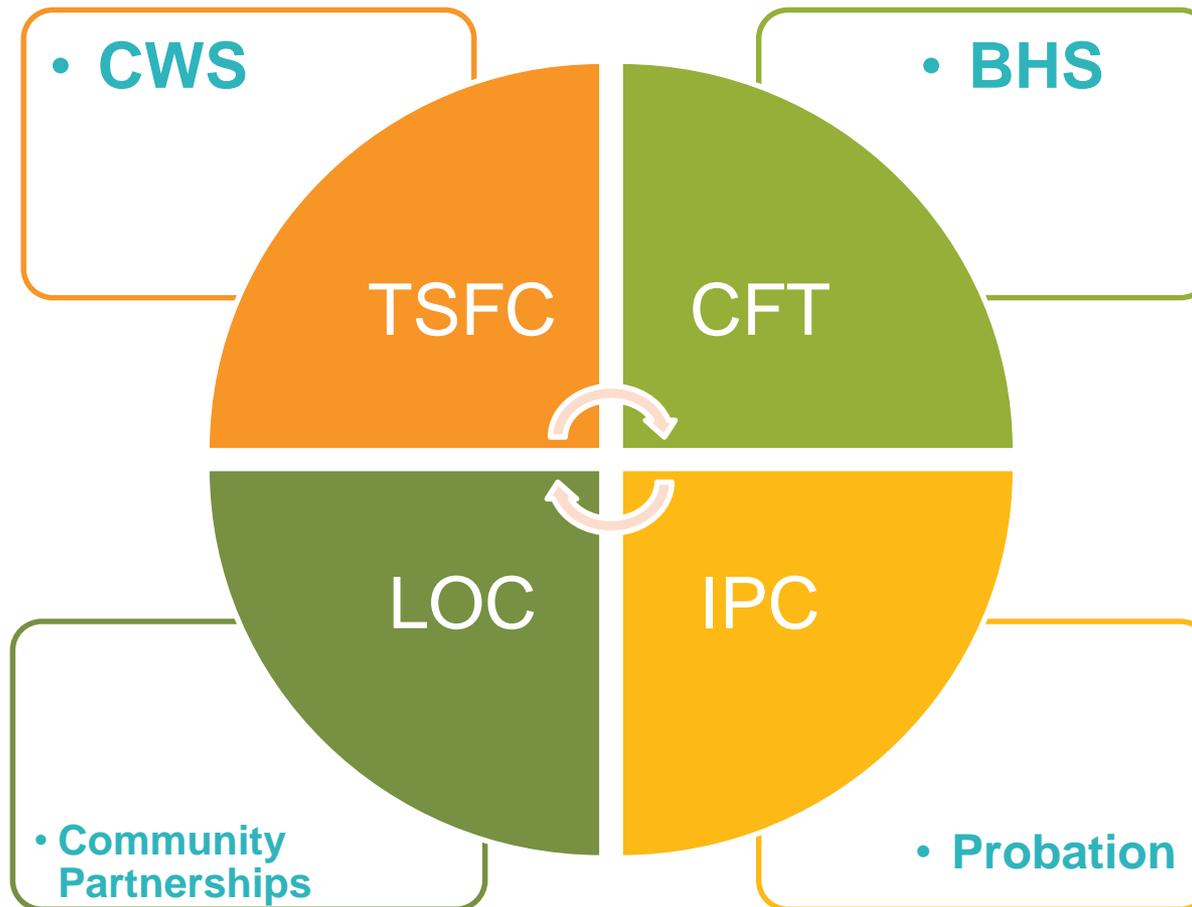


SAN DIEGO HIGHLIGHTS

- 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



UPDATES & CONTINUED 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

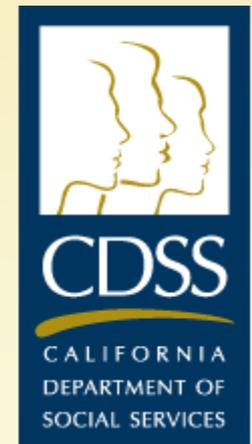


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SAN DIEGO STATE UNIVERSITY SCHOOL OF SOCIAL WORK

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



INSPIRING INNOVATIVE SOLUTIONS
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Questions

Amy Jaffe, MPA, PCWTA County Consultant
for Los Angeles and Ventura counties

Audrey Tousant-Shelby, MSW, PCWTA County
Consultant for San Bernardino county

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