



CCR Implementation:

Roll Out for County Child Welfare Services

The elements defined in the Continuum of Care Reform (CCR) are interdependent and require changes in existing regulations, policy and practice by CDSS and DHCS. This reform necessitates county welfare departments, county mental health plans, and service providers build the necessary infrastructure to reform existing policy, hire and train staff to implement new requirements and build the new program models. These providers include: Foster Family Agencies (FFAs), Group Homes, Medi-Cal Managed Care Plans (MCPs), Community Based Organizations (CBOs) and Fee For Service (FFS) providers.

In order for true reform to take place, a clear, shared understanding of what is required from county welfare departments, county mental plans and providers must be in place. Additionally, outcome measures and systems for tracking performance will need to be developed to ensure the resources dedicated to CCR are delivering the expected outcomes. Lastly, automation of complex payments systems and performance and outcome monitoring systems must be in place to operationalize the requirements defined in CCR.

Given the infrastructure and capacity building needed to support this complex systems reform, implementation of CCR is expected to be an incremental process rather than a single event.

The following timeline outlines what County Child Welfare Services (CWS) activities and implementation may look like assuming the deliverables outlined in California Department of Social Services Implementation Dashboard are on track.

CWS CHILD ASSESSMENT PROCESS AND TOOL ACTIVITIES FOR 2016-2017	
July 2016	County Child Welfare Services (CWS) receives All County Letter (ACL) to instruct CWS to implement the level of care guidance protocol to determine rate.
July-September 2016	CWS integrates existing child assessment processes (Child and Family Teams, Mental Health Screening Tool, risk and safety tools, needs assessments etc.) into a process to inform the level of care determination.
July-December 2016	CWS works with Mental Health Plans (MHPs) to ensure the instructions provided by CDSS and DHCS defining standard of care, timely access to service, availability of MH service providers and specific service array will meet the needs of the child welfare population.
July - August 2016	Pilot counties train on Child Adolescent Needs and Strengths (CANS) or Treatment Outcome Package (TOP) tools to assist CDSS in selecting a child assessment tool to meet the CCR requirements. The selection of a single



	child assessment tool is anticipated mid-2017
August 2016	Pilot counties begin test phase for CANS and TOP child assessment tools and the pilot will run for 9 months at which time an evaluation will take place to inform tool selection for statewide implementation
September - November 2016	CWS develops and initiates communication plan and tools for internal and external partners (staff, caregivers, tribes, courts, providers, youth, CASA etc.)
January 2017	CWS integrates assessment process with Continuous Quality Improvement (CQI) System and identifies target outcomes for assessment process
February - June 2017	CWS trains social workers on the child assessment process to be used for each child entering care pending the final selection of an assessment tool
June - August 2017	CWS receives instruction from the State on the selection of a child assessment tool to be used (as a result of the pilot evaluation) and integrates the identified tool into the assessment process, policy and forms and informs internal and external partners
July - August 2017	CWS develops training plan for social workers to use the child assessment tool and integrates the tool with the existing assessment process and CQI
August - October 2017	CWS trains staff on the selected child assessment tool
October 2017	CWS begins to use the assessment tool for children entering care
CHILD ASSESSMENT PROCESS AND TOOL ACTIVITIES FOR 2018	
February 2018	CWS reviews CQI/QA data for the child assessment tool/process to identify gaps and evaluate needs to revise or adjust policy, training and/or monitoring system
February-March 2018	CWS makes revisions to policy and training to enhance fidelity to the assessment tool/process and ensure the tool is working to strengthen the early identification of the child's service needs
October-December 2018	CWS conducts analysis of CQI/QA data for identifying gaps and evaluates the need to revise or adjust policy, training and/or monitoring system

KEY DEPENDENCIES: The County Child Welfare Services activities described above are predicated on the activities completed by CCR partners including: CDSS, Assessment Tool Vendor and Evaluator. These key dependencies include: data sharing agreements in place between CDSS and TOP Tool, training delivered for piloting counties to use tools with fidelity for pilot phase, evaluation in place to measure tool results upon completion of the pilots.

FOSTER CARE RATES ACTIVITIES FOR 2016-2017	
July 2016	CWS receives instructions for Level of Care (LOC) determination for new payment and a timeline for automation of eligibility payment system
August - September 2016	CWS integrates existing FC payment systems into new rate structure (Special Care Increments, rate patches aka All County Funds (ACF) for high needs placements, clothing allowance etc.)



November - December 2016	CWS develops policy and training for social workers to use Level of Care (LOC) Guide to determine rate, services and supports
December 2016 - February 2017	CWS works with MHP's to develop a system to monitor child outcomes (safety, permanence and well-being) and service delivery improvements that are anticipated as the result of the new rate structure (e.g. time to service, placement stability, time to permanency, well-being)
August-September 2016	CWS develops a communication plan and tools and informs external stakeholders of LOC rates process (BOS, caregivers, courts, MHPs, providers, Managed Care Plans (MCP's), CASA etc.) to ensure partners know about the change and understand the purpose of the new rate structure
December 2016-January 2017	CWS develops grievance process, policy and training for staff for LOC disputes
December 2016-March 2017	CWS trains social workers on using LOC Guide to determine the level of supports and services needed to support the child in family based care
January-March 2017	CWS develops policy, training and monitoring/audit system for eligibility staff to issue new rates
March-May 2017	CWS trains eligibility staff on changes in automation system to ensure timely, accurate foster care payments are issued to caregivers and providers
May- July 2017	CWS implements new rates using the LOC guide and assessment process
October 2017	CWS integrates the use of the selected assessment tool into the LOC rate determination and identifies outcomes to measure success such as placement stability, reduction of children in congregate care, improved wellbeing for the child etc.
July-December 2017	CWS monitors the LOC system to ensure the intended outcomes with the new rate system are being realized and identifies retooling and retraining needs

KEY DEPENDENCIES: The County Child Welfare activities described above are predicated on the activities completed by CCR partners including: Statewide Automated Welfare System (SAWS) automation by December 2016 and timely completion and instructions provided on the Level of Care Guide. If automation cannot be in place and a manual process becomes required for delivering each monthly foster care payment to each caregiver and facility, considerable additional staffing resources will be needed to issue new rates to all children in FC 1/17.

RESOURCE FAMILY APPROVAL ACTIVITIES (RFA) FOR 2016-2017	
July 2016	CWS receives allocation letter and instructions for RFA
August-October 2016	CWS seeks Board of Supervisors (BOS) budget approval/adding RFA positions and develops RFA Implementation Plan to submit by September 2016
August-October 2016	CWS initiates recruitment for RFA social workers pending BOS approval
August - November 2016	CWS develops policy, training curriculum, outcomes, monitoring systems and communication plan



August-October 2016	CWS provides training and outreach to community partners (courts, caregivers, MHPs, MCP's, providers, tribes, kinship programs, community colleges, BOS etc.)
October 2016-July 2017	CWS initiates and completes contracting for outsourced RFA activities such as Psychosocial Assessment and caregiver training
October 2016-March 2017	CWS completes hiring process (recruitment, interviews, human resource processing)
January-June 2017	CWS completes RFA social worker training (mandated core training and RFA training)
January-December 2017	CWS rolls out RFA to improve quality, retention and support for caregivers
December 2017	CWS assesses RFA program for retooling/retraining needs
RESOURCE FAMILY APPROVAL ACTIVITES (RFA) FOR 2018	
May - June 2018	CWS evaluates program with 1-year data (outcomes, cost for delayed approvals, CQI/QA and survey info)
July-September 2018	CWS makes revisions to RFA as indicated (training for caregivers, caregiver support etc.)

KEY DEPENDENCIES: The County Child Welfare activities described above are predicated on the activities completed by CCR partners including CDSS, community colleges and FFA's. These key dependencies include: RFA allocations and instructions are issued by CDSS, outcome measures are identified and shared, regulations and licensing requirements are issued and providers can build program statements, hire and train new staff and develop training and resources for new caregiver approval process.

CHILD AND FAMILY TEAM (CFT) ACTIVITIES FOR 2016-2017	
July 2017	CWS receives allocation instructions and policy for CFT requirements
August- 2016 March 2017	CWS initiates BOS budget approval/adding CFT positions
August 2016- March 2017	CWS initiates recruitment for CFT facilitators pending BOS approval
August- November 2016	CWS works with MHP's to develop a plan to integrate and refine existing teaming frameworks to conform with CCR instructions (CFTs for Katie A., Wraparound, etc.)
August - November 2016	CWS develops policy, outcomes, monitoring systems and communication plan for expanding CFT's.



August-December 2016	CWS provides training and outreach on the purpose and support needed from the community related to expansion of CFT's to internal and external partners (staff, courts, Court Appointed Special Advocates, caregivers, MHPs, MCPs, CBOs, tribes, kinship programs, community colleges, BOS etc.)
October 2016-July 2017	CWS initiates and completes contracting for outsourced CFT activities such as transportation services and childcare.
October 2016-March 2017	CWS completes CFT hiring process (recruitment, interviews, HR processing)
January-June 2017	CFT SW/facilitator training (required social worker training and CFT training)
May-December 2017	CWS increases capacity to deliver CFTs per instructions for CFTs for the following populations in order of prioritization*: <ol style="list-style-type: none"> 1) Children in Group Homes (GH) under the age of 12 2) Children and youth in GH's level 1-9 3) Children and youth in GH's 9-14 4) Children with identified intensive mental health service needs (upon entry into care and for all placement transitions) 5) All placement transitions (return home, placement with a relative, disrupted placement) 6) All children entering care <p>*This is only an example of how the county may phase in full implementation of CFT's as additional staff are hired and trained.</p>
December 2017	CWS assesses CFT implementation for retooling/retraining needs
CHILD AND FAMILY TEAM (CFT) ACTIVITIES FOR 2018	
May - June 2018	CWS evaluates program with 1-year data (outcomes, CQI/QA and participant survey info)
July - September 2018	CWS makes revisions to CFT policies and training as indicated

KEY DEPENDENCIES: The County Child Welfare activities described above are predicated on the activities completed by CCR partners including: CDSS, County MHP's and providers. These key dependencies include: instructions and allocation notices issued, CFT training is delivered and performance and outcome measures are identified for counties to collect data.

RECRUITMENT AND RETENTION OF RESOURCE HOMES ACTIVITIES FOR 2016-2017	
July – December 2016	CWS receives allocation letter and initiates planning, reviews data and conducts a gap analysis to determine where family homes and Short Term Residential Treatment Program (STRTP) services are needed
July 2016	CWS receives Therapeutic Foster Care (TFC) model requirements and works with MHPs to begin planning for TFC implementation and recruitment



September – November 2016	CWS researches effective strategies to recruit and retain family homes and supports needed to serve: medically fragile youth, high behavioral/mental health needs youth, special population youth (minor mothers, substance abusing, Commercial Sexually Exploited Children,) large sibling groups and targeted recruitment for high needs communities.
November 2016- January 2017	CWS conducts outreach to internal stakeholders and community to continue assessing what is needed for targeted recruitment strategies to be successful
November 2016- January 2017	CWS Plans for strategies, develops outcomes to measure success, initiates budget requests for increased staffing or services
January 2017- March 2017	CWS seeks BOS approval for services and supports identified to ensure there is an adequate supply of quality family-based placement options for children
September 2016- March 2018	CWS completes hiring process and/or contracts awarded for recruitment strategies and supports
RECRUITMENT AND RETENTION OF RESOURCE HOMES ACTIVITIES FOR 2018	
January 2018	CWS implements new recruitment strategies and begins tracking outcomes for specific CW populations
January - June 2018	CWS trains staff and partners on new services and strategies
Ongoing	CWS continues data informed revisions to plan and makes contract adjustments as needed

KEY DEPENDENCIES: The County Child Welfare activities described above are predicated on the activities completed by CCR partners including CDSS, DHCS, Mental Health Plans and providers. Some of the key dependencies include: licensing and certification requirements are issued, core services to be provided by FFA’s and STRTP’s are identified, TFC programs are licensed/certified/approved, FFA’s received certification/approval/contract with MHPs, rates determination and instructions for Level of Care are issued and caregiver services and supports are in place.

THERAPEUTIC FOSTER CARE / WRAPAROUND / OTHER SERVICES ACTIVITIES FOR 2016-2017	
July 2016	CWS receives instruction on TFC Program requirements
July - December 2016	CWS works with Mental Health Plans (MHPs) and Probation to develop inter-county protocols for services
August- December 2016	CWS works with Probation and MHs to conduct a gap analysis and identifies targeted recruitment strategies for providers
September - June 2017	CWS initiates and completes contracting process for TFC, ITFC and Wraparound providers
June-August 2017	CWS awards contracts for increased services
September - November 2016	CWS develops staff training, policy and outcome monitoring systems



June – September 2017	CWS works with provider to partner in targeted recruitment for TFC and ITFC homes
June - September 2017	CWS trains staff
October- December 2017	CWS works MHP’s and providers to initiate TFC Foster Parent Training
THERAPEUTIC FOSTER CARE / WRAPAROUND / OTHER SERVICES ACTIVITIES FOR 2018	
January 2017	CWS and MHPs implement TFC and Wrap expansion and new service delivery
March - June 2018	CWS works with MHPs to evaluate TFC and Wraparound with 6-month data (timely service delivery, model fidelity etc.)
July- September 2018	CWS works with MHPs to make suggested revisions to provider contracts as needed
September 2018	CWS works with MHP’s to evaluate TFC and Wraparound with 1-year outcome data and participant surveys

KEY DEPENDENCIES: The County Child Welfare activities described above are predicated on the activities completed by CCR partners including: CDSS, DHCS, MHPs and providers. Some of the key dependencies include: licensing and certification requirements are issued for TFC providers, TFC model is finalized and TFC programs are licensed/certified/approved.

PROVIDER PARTNERSHIP ACTIVITIES FOR 2016-2017	
July 2016	CWS receives instruction and regulations for FFA’s, STRTP’s and TFC.
August- September 2016	CWS, in coordination with MHP’s develop a plan and begin outreach to provider community, kinship programs, tribes and caregivers to identify total homes available and placement gaps for current CW population needs. (Which agencies will offer transition, close or change? Which agencies will offer RFA, TFC, ITFC?)
September - December 2016	CWS initiates plan for partnering with community providers to build capacity for increased family based options and services
January - March 2017	CWS seeks BOS approval for any additional service costs needed to increase family placement options
March - November 2017	CWS initiates contracting or hiring process to support identified services
November - December 2017	CWS awards contracts/completes hiring process
November 2017- February 2018	CWS completes onboarding activities for new contracts/staff
PROVIDER PARTNERSHIP ACTIVITIES FOR 2018	
January - March 2018	CWS provides technical assistance and onboarding for new providers
June 2018	CWS works with MHP’s, providers and caregivers to conduct on going evaluation of capacity and revise capacity building plan for providers where needed



KEY DEPENDENCIES: The County Child Welfare activities described above are predicated on the activities completed by CCR partners including: CDSS, DHCS, Mental Health Plans and providers. Some of the specific dependencies include: licensing and certification requirements are issued, core services to be provided by FFA's and STRTP's are identified, TFC programs are licensed/certified/approved by MHP's, FFA's received timely certification/approval from MHP's, foster care rates and instructions for determining the child's Level of Care are issued and caregiver services and supports included in the rates are defined.

MENTAL HEALTH SERVICE ARRAY ACTIVITIES FOR 2016-2017	
July 2016	CWS receives ACLs on CCR, FFA and STRTP provider requirements, Levels of Care, Core Services, TFC and CFT requirements
August- November 2016	CWS works with MHP's, Probation and providers to review data and identify service gaps (from mild to intensive needs) along a full continuum of mental health needs in each county and/or region, based on baseline CW and Probation populations. Analysis conducted will identify the additional mental health services and supports needed, particularly for children entering care, during placement transitions, when experiencing a crisis, or when reunifying. CWS also works with MHPs to coordinate identification of needed STRTP, FFA, and other service providers.
Nov 2016- January 2017	CWS seeks BOS approval for any funding/staffing increases identified (mild to moderate services, services not included in LOC rates or core services)
January - August 2017	CWS completes contracting/hiring process for services needed
August - December 2017	CWS initiates onboarding for new service providers/staff
January 2017	CWS receives instructions from CDSS and DHCS on outcomes and performance expectations for CWS, Mental Health and providers
January - May 2017	CWS works with MHPs, Probation and providers to develop/identify methods for measuring: outcomes (e.g., time from mental health referral to assessment, assessment to service, service denials), service quality (e.g., trauma-informed, culturally relevant), and child well-being.
May - August 2017	CWS works with MHP's, providers and Probation to develop qualitative measures for wellbeing, trauma informed service and cultural relative service
August- December 2017	CWS develops policy, reporting systems and training to implement accountability reporting.



MENTAL HEALTH SERVICE ARRAY ACTIVITIES FOR 2018	
January - March 2018	CWS rolls out added service array for services not included in core services, MHPs and rates
January - March 2018	CWS works with MHPs to begin reporting to target audiences on outcomes
Ongoing	CWS continues quarterly monitoring of quantity and quality of service array to inform planning.

KEY DEPENDENCIES: The County Child Welfare activities described above are predicated on the activities completed by CCR partners including: CDSS, DHCS, Mental Health Plans and providers. Agreed upon definitions for medical necessity and standard of care (mild, moderate and intensive needs) between CDSS and DHCS are provided to counties, metrics and systems for measuring and reporting mental health service delivery to children are in place and service providers are in sufficient array and in the locations needed to serve children where they live.