Transformation Design Committee
Notes from Breakout Groups
November 14, 2009

Group #1

What did you like most regarding the approach outlined by Denise?

- Having something in writing is helpful
- Organizing services around distinct populations makes sense
- A lot of thought went into it
- Increased community involvement and partnership
- Breaking out into phases with expectations
- Customizing services to meet families' needs (vs. just services available)
- Alignment in all service areas to values in child welfare laws

What are the core services?

- Educational supports
- Active efforts (ICWA)
- Life skills
- Health, mental health; physical; dental
- Basic concrete needs (food, housing, safety)
- Family engagement/connections (esp. for kids in out-of-home care)
- Opportunities for normative and developmental experiences for kids (extracurricular, etc.)
- Parenting skills for families
- Substance abuse screening, assessment, treatment and after care
- Mental health and domestic violence interventions, treatment (and screening and assessment)
- Services to assess and address trauma history of parents
- Services should preserve and respect dignity and humanity of families

In phase I, how do we ensure continuity in services provided?

- Shared planning
- Phased approach
- Allow process for a fresh look at service plan/array when transition to master contractor
- Recognize that performance improvement will/may lag for families who have been in system vs. new families entering after transition
- Allow some subset of kids/cases to not be transferred (too disruptive or close to permanency)
- Need to assure that consolidation doesn't result in loss of services or gaps in services: Need enough time to do this!
- Have a back-up plan during transition for emergent needs
- Need workforce training/resources for CA staff and providers (including some joint training)
- Comm. plan for families, providers, community

Communication

- Make information on progress available
- Begin orienting partners, community, etc
- Provide training when appropriate and model defined
- Establish clear definitions for key terms in communication
- Get word out to various audiences
- Provide clarity on timeframes at least (even if other details still under discussion/development)

What are you most concerned about?

- Lowest bidder may not provide best services
- Focus should be on quality services
- Phase I: NP/private organizations who are potential master contractors don't have capacity and timeline too short to develop
- Timeline too short for capacity building in Phase I
- In service categories, educational support should be more included, for more youth besides those aging out
- Master contractor, CA SW, and family (birth parent, foster parent, youth) should jointly develop case plan, in partnership
- Need more information/have concern about transition from many contracts to fewer contracts
- Need to clarify requirements of federal law, including ICWA
- Need to have shared outcomes for CA and private providers
- Need to consider process for when CA and private agency may disagree on case plan
- Line of accountability needs to be clear
- Need to consider court-related issues and who has responsibility for what

Four service categories

- Need to pay attention to quality of assessment and quality and availability of services
- Instead of placements, focus on therapeutic interventions, including in-home interventions to prevent need for out-of-home treatment
- Need to recognize that therapeutic interventions should be in the prevention tool box
- Third category (Treatment & Placement) overlaps and could be a subset of other categories
- Prevention & Intervention should be defined better
- Independent living skills and educational supports should be incorporated into the other categories (for kids other than those aging out of foster care)
- Educational supports should be a core service (required service)

Group #2

What do you like most about what Denise said?

- Categories, and concept of localizing management and services
- Inclusion of parents/youth, others in development of the plan
- Partnership idea
- Master contractor language helped to clarify
- Clarity about difference between Phase I and II

Number of Master contractors?

- If just one master contractor then it takes away from innovation
- Need some direction on the numbers that are needed
- Needs to be a balance between competition and capacity
- Rural sectors need to be heard
- Before we can decide on the number, we need to know if one master contractor will provide all the services or whether there will be multiple master contractors that each provide a different silo of services

Concerns about what Denise said?

- Capacity of nonprofits to become master contractors
- Disparity across geographical areas re: capacity
- Concern that Phase I model moves most of the way to Phase II – does this go farther than the Legislature intended?
- Need to see that other models are explored, including internal coordinating care model.
- Make sure we understand the number and scope of contracts currently here in CA (child welfare services)
- Need to draw on other states' experiences converting to performance based contracts
- More clearly define role of master contractor and subcontractor in the community, the services that will be provided and who will provide them
- This could reduce the purchasing power of state
- Turbulence that would occur in the private provider market
- Is the intent to reduce the total number of contracts in the state, to reduce the number of contracts the state manages, or to improve outcomes?
- Don't lock into one master contractor in each geographical area
- How is this different and the same as RSNs?

Service categories of as a construct for the model?

- Not enough specificity in the 4 groups
- Doesn't make sense – do buckets by type and services
- Services for adolescents should be in a separate bucket
- Unclear about impact on licensing

Core services within service categories

Family Support	**Placement, Reunification & Permanency**	**Treatment, Placements**	**Independent Living & Educational Supports**
Chemical dependency	Visitation	Intensive mental health services	Mentoring programs
Mental health	Relative search	Med management svcs	Financial support
Nursing	Parent search	Dual diagnosis svcs	Housing
Help accessing housing	Recruit & license foster homes	Family counseling	Resource identification
Help accessing food	Support svcs & payment for kids	Qualified & trained svc providers	
Transportation to & from services	After care	More secure group facilities than currently exist – wider array of placement options	
Domestic violence services	Safe physical placement		
Parenting classes			
Child care			
Respite care			
Parent training/foster parent training			
Education support			
Culturally respond to needs			

Ensure Continuity

- Admin. Rate for private providers – realistic look at what it takes to provide services
- Maintain current admin rate or raise it
- Hard to answer when don't know what the master contractor looks like
- Clear expectations on core services
- Need a phase-in period carefully thought out
- Regular meetings between parents, CA and providers

Clear Communication

- Multiple-way conversations – additional community based conversations with all stakeholders
- CA website to inform community about Phase I
- Add contact information to monthly foster parent letter
- Use mainstream media, also translate to Spanish
- Clearer message
- Clear information on what has been decided and what still need input on.