



Newsflash #4

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CCR Messaging

This is the fourth edition of the CCR Newsflash brought to you by the Continuum of Care Reform Branch. This newsletter is published monthly and sent to a wide array of stakeholders. We welcome your suggestions and questions, which may be sent by email to ccr@dss.ca.gov.

Please help us ensure that up to date information regarding CCR implementation is passed on to stakeholders at the local level by widely forwarding this communication to staff, colleagues, care providers, social workers, probation officers, youth and any other interested stakeholders. Consider providing a copy of the newsletter at any meetings that include child welfare stakeholders. In addition, if you were forwarded this newsletter, you may have your name added to our email list by emailing the CCR inbox.



“Having permanent connections for life is extremely important for any child or youth but especially those in the system. CCR is creating an opportunity for normalcy for a population that may be lost in a sea of doubt, pain and hopelessness; all the while searching for where they belong. Youth just want to feel normal; go to one school with lasting friendships, go to prom, play a sport, join a club; and have a place to call home where they can make mistakes and know at the end of the day they are loved and wanted. As a former foster youth, I’m excited to see this change in the child welfare system. As we know, with change will come growing pains, but I believe CCR has great things in store for California’s foster children and youth.

Ambrosia Cramer, Youth Engagement Project (YEP)

Funding Opportunity for Activities to Enhance Foster Parent Recruitment, Retention, and Support (FPRRS)

By Steven Tagawa, Foster Care Policy and Support Unit

The reduction in congregate care placements, which is a core component of the Continuum of Care Reform (CCR) initiative, has resulted in a greatly increased need for counties to identify, recruit and retain both relative and non-relative foster caregivers. In the second round of a multi-year effort to provide counties with additional resources to meet this increased need, distribution of foster parent recruitment, retention and support (FPRRS) funding for FY 2016-17 is currently underway. The amount of funding available to counties has increased significantly, from \$17.2 million in FY 2015-16 to over \$43.2 million this fiscal year.

Fifty-four counties participated in the initial round of FPRRS funding during FY 2015-16; plans were made to use this funding for a variety of activities, including media outreach and community events, training for foster caregivers, increased family-finding efforts, and providing items either to support an initial placement (such as bedding or car seats) or to help children in care participate in normal childhood activities (such as bicycles, camp fees, or prom dresses). While not all counties were able to fully implement their planned activities during the past fiscal year, those that did generally reported success in recruiting new foster caregivers and in supporting those already caring for dependent children.

In addition to an increase in overall county participation, this fiscal year saw a significant increase in involvement by county probation departments, both independently and in collaboration with child welfare departments. Thirty counties submitted joint child welfare/probation proposals, up from twelve during the initial round of funding, and nearly two dozen county probation departments submitted independent plans, twice as many as had requested funding for FY 2015-16. Most counties that received initial FPRRS funding indicated that they intended to continue implementing their previously proposed activities, while a few used the experience gained over the past several months to reprioritize and refine their proposals. Counties will report to CDSS on the results of these activities in the fall of 2017.

CCR Regional Ideas and Transformation Exchange (RITE):

The California Department of Social Services (CDSS), Department of Health Care Services (DHCS), County Welfare Directors Association of California (CWDA), County Behavioral Health Directors Association (CBHDA), Chief Probation Officers of California (CPOC), California Institute for Behavioral Health Services (CIBHS), the Regional Training Academies, and Casey Family Programs are sponsoring Continuum of Care Reform (CCR) meetings in the Northern, Bay, Central, Southern regions, as well as Los Angeles, in order to provide robust technical assistance at the local level. The Bay Area convening was on August 19, 2016 followed by Los Angeles on August 31, 2016. The Central region met September 23, 2016 and Southern is scheduled for October 11, 2016. Initially these meetings will be limited to state and county staff and will be opened to broader participation in the spring of 2017. Contact: Theresa.Thurmond@dss.ca.gov

Community Care Licensing (CCL) Regional Meetings with Providers:

CCL has held regional meetings for Foster Family Agencies in September to provide technical assistance to providers regarding the Interim Standards and other areas of the CCR. The local Child Welfare and Mental Health Directors and Probation Chiefs are also invited. Licensed providers should contact their CCL Regional Manager for additional information and county staff should contact ccl@dss.ca.gov.

The Key to Collaboration: CCR Workgroups!

Committed stakeholders from across California join state staff to develop the essential elements of CCR.

Here are the highlights of our recent work:

CCR Updates

Foster Care Audits and Rates Branch (FCARB) Update: ACL 16-65 posted on August 19, 2016, outlining the Group Home's Extension Request Process. Note: group home extension requests should be submitted no later than November 11, 2016, in order to allow CDSS time to process requests in a timely manner. In the event that requests are submitted after November 11, 2016, CDSS will work closely with counties and providers to avoid any negative impacts to the youth during this transition period. Counties should feel free to contact FCARB at 916-651-9157 for any assistance.

A revised Home Based Family Care Rates (HBFC) Structure ACL 16-79 was released on September 23, 2016 outlining the phased implementation plan for the new rate structure. CDSS met on September 16, 2016, to continue discussion about the automation of the LOC Rate structure. A date will be set soon for the LOC workgroup to reconvene to review the final draft of the LOC protocol.

Program and Services Implementation: A subgroup is being formed to develop the criteria for extending the availability of respite care from 72 hours to 14 days. Formal guidance regarding the second level review process for STRTP placements lasting longer than 6 months is anticipated in early fall. Additionally, guidance regarding the process for county review of program statements for new FFA and STRTP applicants, and peer review of program statements will be available in early fall. The unit is also exploring programmatic barriers to serving Commercially Sexually Exploited Children (CSEC) in home based and residential settings.

RFA: The CCR, RFA Unit received Implementation Plans from all 58 counties and is in the process of reviewing the plans and providing technical assistance to counties as needed. Version 3.0 of the Written Directives was released at the end of August, and it is anticipated that the Written Directives 4.0 will be released prior to statewide implementation of RFA on January 1, 2017. On September 1, 2016, Aldea, Aspiranet, Bienvenidos, Family Care Network and Lilliput Foster Family Agencies began early implementation of RFA. Please submit any RFA questions to RFA@CDSS.ca.gov

STRTP Implementation: The Interim Licensing Standards for STRTPs will be released in mid-October and will provide prospective STRTPs with a program statement template and instructions for Group Homes wishing to convert to become an STRTP. Immediately following release of the Interim Licensing Standards, CDSS will provide regional trainings in coordination with the CCL Regional Offices.

Mental Health: CDSS and DHCS have committed to work together to develop a "road map" for accessing needed Specialty Mental Health Services through county Mental Health Plans, and non-specialty services through Managed Care Plans or the Fee For Service system by early December that clarifies the system in words child welfare and probation partners systems understand. Additionally, DHCS has released for stakeholder feedback the Mental Health Program Approval Protocol which incorporates the Medi-Cal certification for Specialty Mental Health Services. STRTPs will have 12 months following licensure to complete the Mental Health Program Approval.

get R.E.A.L California

“Culturally relevant” means program practices, services, and supports provided to children or non-minor dependents and families which incorporate or embrace their unique cultural characteristics and diverse backgrounds. (AB 403 or ILS.)

Almost 23% of children and youth in the child welfare system identify as lesbian, gay, bisexual or questioning. That is approximately one in five children! And 57% of those youth are youth of color. Furthermore, 30% of LGBT youth report physical violence by family members after disclosing their sexual orientation or gender identity. These numbers are concerning as LGBTQ children and youth continue to be invisible in foster care and group homes. **Get R.E.A.L. California** aims at promoting the healthy sexual and identity development of all children involved with the California child welfare system. In collaboration with CDSS, we are working toward integrating a sexual orientation, gender identity and expression (SOGIE) framework throughout the Continuum Care Reform policies, practices and implementation.

Reference: *“Out of the Shadows: Supporting LGBTQ Youth in Child Welfare through Cross-System Collaboration”*
Center for the Study of Social Policy



CCR Agent For Change

Vida Khavar, MA, LMFT

CCR Agents for Change is a new feature of the CCR Newsflash. It's a forum to recognize individuals who are championing the vision of CCR and making a difference in the lives of youth and families.

Vida has been assisting CCR in reviewing training curriculum and providing suggestion for more inclusive, culturally appropriate language. She also contributed to this edition of the Newsflash.

Vida Khavar is the get R.E.A.L California project director. She works to ensure that LGBTQ and gender non-conforming children and youth are included in the child welfare policy decisions. With a seasoned background collaborating with child welfare agencies throughout California and other states, Ms. Khavar has assisted many agencies in building or enhancing different child welfare programs. Vida strives to make permanency a center stage in all areas of child welfare so that more children and families can benefit from services that focus on positive outcomes when involved in the out-of-home care system.

Prior to joining get R.E.A.L, Vida had her own consulting practice and worked throughout California to assist agencies in building programs who directly served children and families. She was also a consultant on the RISE Initiative; a 15 million-dollar federal project funded by the Children's Bureau, Administration on Children, Youth and Families at the U.S Department of Health and Human Services. The project, directed by the Los Angeles LGBT Center, aimed at increasing permanency for LGBTQ children in Los Angeles County.

The RISE initiative works with families, as well as government and social service organizations, to combat the heterosexism and transphobia that too frequently result in the mistreatment and even abuse of LGBTQ youth and to reform policies and practices that are not sensitive to the needs of LGBTQ youth. Ms. Khavar's career also includes, among other things, 12 years at Five Acres in Pasadena where she focused on foster care, intensive treatment foster care, group homes and the independent living program. She is also a licensed marriage and family therapist who has been practicing for more than 20 years.

Vida can be reached at vkhavar@familybuilders.org.

CCR Frequently Asked Questions (FAQs)

The following Frequently Asked Questions have been gathered from the CCR email box and questions asked at CCR workgroups or presentations. The list will be updated on a continuous basis and will be listed on the CDSS internet page. Please note that answers to some of these questions are time sensitive and continuously evolving.

Q: What must a licensed foster family agency do on or before January 1, 2017?

A: A licensed foster family agency must update its plan of operation and program statement to comply with the new Interim Licensing Standards and submit copies to the licensing agency and to all county placing agencies from which the FFA receives placements or provides services, begin the accreditation process, and obtain an RFA ORI number from the Department of Justice. For additional information: See the [FFA Interim Licensing Standards](#) or <http://oag.ca.gov/fingerprints/agencies>.

Q: Can a foster family agency process a “certified family home application” received on or before December 31, 2016 after January 1, 2017?

A: Yes, a foster family agency may approve or deny a certified family home application received on or before December 31, 2016, in accordance with the laws applicable to certified family homes.

Q: Does a foster family agency have to be licensed as an adoption agency to recruit and approve an individual as a Resource Family?

A: No. However, social work personnel shall meet the core competency requirements, including having necessary knowledge and skills, as specified in [Sections 88265.3 and 88364\(d\)](#) of the FFA Interim Licensing Standards.

Q: When must a foster family agency complete accreditation?

A: A foster family agency licensed before January 1, 2017 has until December 31, 2018 to obtain accreditation. A foster family agency licensed after January 1, 2017 has up to 24 months from the date of licensure to obtain accreditation.

Q: Does a foster family agency licensed before January 1, 2017 have to obtain a letter of recommendation in support of its program from a county placing agency?

A: No. However, a foster family agency licensed before January 1, 2017 must provide a copy its updated program statement to all county placing agencies with which placements are coordinated or for which services are provided, including the county in which the facility is located, for optional review.

Q: Will there be a grace period for STRTPs to complete the accreditation process as it is quite lengthy and would require significant time and work to complete by December 2016? If not accredited by January 1, 2017, will we have to close our doors to youth until we complete the accreditation process?

A: AB 1997 (Chapter 612, Statutes of 2016) provides that STRTPs have up to 24 months following licensure to obtain accreditation and must provide status updates at 12 and 18 month intervals.

Q: How does my agency become a Medi-Cal Specialty Mental Health Provider of mental health services or TFC (Therapeutic Foster Care) provider?

A: Providers will need to contact the county Mental Health Plan (MHP) to become Medi-Cal Certified and negotiate a contract to become an Organized Provider with that MHP. The County Behavioral Health Directors Association is preparing a list identifying the proper county contact for each Mental Health Plan.

Children and Family Services Integrated Practice Technical Assistance Calls

The California Department of Social Services and Department of Health Care Services host a monthly call to discuss questions and issues regarding Child Welfare and Mental Health integrated practice. Topics covered include all aspects of the CCR, Pathways to Well-Being Services (Core Practice Model), Intensive Care Coordination, Intensive Home-Based Services), and Therapeutic Foster Care. When: First Wednesday of each month at 10:00 a.m. Upcoming calls on October 5, November 7, and December 7, 2016. Phone: 877-922-9924, Pass Code: 144611 Email KatieA@dhcs.ca.gov to subscribe to the TA Call list for alerts, materials, and bulletins.

Therapeutic Foster Care (TFC) Implementation Committee Meetings

The TFC Implementation Committee meets to discuss the final steps for the TFC Model and Parent Qualifications. The committee will continue to meet bi-monthly and the next meeting is scheduled for October 17th.

Treatment Outcomes Package (TOP) & CANS Assessment Tools

Five counties have volunteered to pilot the TOP (Treatment Outcome Package): San Diego, Tuolumne, Fresno, and Los Angeles. The CANS (Child and Adolescent Needs and Strengths) assessment tool is being piloted in San Francisco, Humboldt and Shasta counties. Both tools will assist child welfare to assess a child or youth's needs in order to determine a level of care. These tools will not replace the Mental Health Assessment.

CDSS OFFERS

Cultural Responsiveness Trainings

One of the essential principles of the implementation of the Continuum of Care Reform is that all those who provide services to children and families are culturally competent and create culturally responsive environments. The Child Welfare League of America defines cultural competency as "the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each" (Child Welfare League of America, 2001, Cultural Competence Defined). Cultural competency is foundational to understanding how policies impact vulnerable sub-populations within the foster youth population and helps to mitigate the unintended consequences of historical trauma and institutional and structural racism.

The California Department of Social Services' Special Projects Bureau of the Children & Family Services Division (formerly the California Partners for Permanency Project), with support from the CDSS Racial Impact Workgroup has provided a series of culture responsiveness trainings to help build knowledge of diverse cultures and perspectives. The trainings have been made available to CDSS staff as well as Foster Family agencies and group home providers including:

- African American
- Asian American/Pacific Islander
- Latino
- Lesbian, Bi-sexual, Gay, Transgender & Questioning (LBGTQ)
- Muslim
- Native American
- Privilege Training- the connection between access and privilege or lack thereof

For more information about this series of trainings or the racial impact work at CDSS, contact Vevila Hussey (Vevila.Hussey@dss.ca.gov) or the CCR mailbox (CCR@dss.ca.gov).

Collaboration Key in Shasta County

By Edward Miller, Assistant Chief Probation Officer Shasta County

Over the past several years, the Shasta County Probation Department and Shasta County Health and Human Services (Child Welfare, Social Services, and Mental Health) have been key partners, especially in meeting the needs of our youth. In the past two years, we have been closely working together to plan for the implementation of CCR. Our goal is to create a service delivery system that is community supported, comprehensive; sensitive to the individual needs of each youth in our community, and that can be measured to assure system accountability. Child Welfare and Probation, along with other partners, have spent countless hours working together on such projects as developing a joint RFA implementation plan, a resource family training and education curriculum, and a system-wide set of forms, just to name a few. We have also spent a considerable amount of time meeting with and educating our placement providers on CCR. CCR implementation is just around the corner, and Shasta County is on schedule to be ready for the changes.

For those probation departments who are in the beginning planning stages of CCR, there are several things that should be considered. First of all, although AB 403 allows for group homes to receive an extension, the chief probation officer of each county is required to request an extension for every group home they wish to use, unless the facility already has an extension. Probation departments should begin working with their providers to determine whether or not they plan on converting to a STRTP, if so, where they are in the process, and what their timelines are for completion. Probation departments should also determine if they have an adequate number of resource families, and if those families have the ability to care for the more challenging youth.

Second, probation departments should begin developing the RFA process and implementation plan. Smaller counties should partner with their child welfare agencies, if possible. Child welfare is more likely to have a greater number of resources, as well as staff who have been involved in the licensing process. If that is not an option, there are many counties who have finished their RFA process and implementation plan, and would likely share their work, including Shasta County.

And finally, Counties should begin attending the regional convenings (see RITE Convenings in this newsletter), because the information has been extremely helpful and beneficial. At the convenings state staff have discussed CCR's vision, implementation timelines, RFA implementation, Child Family Team meetings as it relates to CCR, Home-based Rate Structure, cross-agency challenges, strategies to ensure cross-agency partnerships, mental health plans, and more. Working within team settings such as child family team meetings or focus team meetings is considered evidence-based and best practices. It is no different with the implementation of CCR. When the probation department, child welfare, social services, mental health, placement youth, resource families, and other stakeholders are all at the table as part of a workgroup this gives the best chance for success.

CCR Communication Tools

CCR OVERVIEW:

CDSS has developed a webinar that is pre-recorded and available on the California Social Work Education Center (CalSWEC) website. The webinar provides an overview of CCR and the provisions of AB 403, and the framework for implementation.

<http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr/abcs-ccr>

CDSS INTERNET WEBPAGE:

This web-page provides a variety of information including the CCR Fact Sheets, links to Assembly Bill 403, and calendar of meetings and presentations.

<http://www.cdss.ca.gov/cdssweb/P4869.htm>

CCR TOOLKIT:

The toolkit is designed to help navigate various components of the CCR initiative and is available on the CalSWEC website.

<http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr>

CCR EMAIL BOX:

This e-mail portal is available for stakeholders to ask questions, request information and to be connected with CCR workgroups ccr@dss.ca.gov.

CCR FACT SHEETS:

The fact sheets are short documents on key areas such as: Home Based Family Care, Assessment, Probation, and more, that provide basic information on CCR related topics available on the CCR internet.

<http://www.cdss.ca.gov/cdssweb/P4921.htm>

CCR TOOLS FOR YOUTH:

Tools are available on the CalSWEC website to assist stakeholders with messaging to youth.

<http://calswec.berkeley.edu/toolkits/continuum-care-reform-ccr>

CCR Updates Continued

Integrated Services: A joint CFT (Child and Family Team) All County Letter (ACL) and Mental Health Substance Use Disorder (MHSUD) Information Notice will be released in October by the CDSS and the DHCS. The departments are in the process of their final review; the ACL and MHSUD Information Notice provides counties with information and guidance regarding the use of the CFT to deliver child welfare services, the composition of the CFT, eligibility criteria, meeting frequency, and other pertinent information. An attachment to the letter, which contains helpful Frequently Asked Questions (FAQ's), will also be provided. These FAQ's are addressed to child welfare, probation, and behavioral health, and provide very specific information for the child and family teaming process. For more information, please contact Lupe Grimaldi in the Integrated Services Unit of the Child Protection and Family Support Branch at Lupe.Grimaldi@dss.ca.gov.

Treatment Outcome Package (TOP) and Child Adolescent Needs and Strengths (CANS) Assessment Tools: The TOP assessment is being piloted in San Diego, Tuolumne, Fresno and Los Angeles counties for nine months and an evaluation will occur to determine whether to expand the availability of the tool statewide for county utilization. The pilot counties are meeting with Kids Insight to begin training on implementing the TOP tool in their counties. Each county will use TOP on a selected number of youth two weeks prior to each Child and Family team meeting as a way to collect important information regarding the youths well-being needed for service delivery and case planning. The CANS assessment is being piloted in San Francisco, Humboldt and Shasta counties. Additional information about the CANS will be provided in the future.

Adoption Competency Mental Health Training Initiative (NTI)

California has been selected as a pilot site for The National Adoption Competency Mental Health Training Initiative (NTI). The aim of NTI is to improve mental health assessments and services and to assure stability and well-being of children in foster care who are either moving towards or have achieved permanence through adoption or guardianship. Through this initiative, State, Tribe and Territory child welfare professionals and mental health practitioners will have access to standardized web-based, evidence-informed training to understand and better address the mental health needs of this population.

NTI was established in October 2014 after the Center for Adoption Support and Education CASE was awarded a 5-year, \$9 million grant through a cooperative agreement with the U.S. Department of Health and Human Services and the Administration for Children and Families.

A primary goal of the NTI at the end of the five year initiative is the national launch of the state-of-the-art web-based training—making it available to child welfare and mental health professionals in all states, tribes and territories via the Children's Bureau website...and free of charge. To prepare for this national launch, NTI will be piloting the web-based training in 5-8 states, tribes or territories (STTs) including California.

The first phase of the pilot will be for child welfare which may include social workers, probation officers, and group home and FFAs. The second phase will include mental health practitioners. Please contact Theresa.Thurmond@dss.ca.gov if you are interested.

Pathways to Well Being Update:

How Shared Leadership and Decision Making Support Continuum of Care Implementation

By Richard Knecht, Transformation Manager

“The speed of disruption (change) is significantly accelerated if an integrated entity wraps its arms around all the elements in order to orchestrate the changes”

-Clayton Christensen, Harvard Business School

As CCR efforts gain steam, local mental health, probation and welfare partnerships will be challenged to work together to assure that county staff, youth and family members, contractors and other interested constituents have necessary, accurate information and knowledge about its implications and deliverables. As AB 403 and its connected reforms and opportunities now mandate “sharing” of process and services more concretely than in the past, the role and purpose of a county level Cross System Leadership or Shared Management team will be more and more evident. If your county does not yet have an identified body of department or agency leaders, who meet regularly to plan and discuss its shared opportunities and mandates, now may be the time to actively begin those conversations. A consistent Shared Leadership/Policy meeting can be a primary tool for local leaders to assure that values, principles and practices are consistent, mutually understood and implemented fully in your county. Research on effective program implementation universally affirms that policy level leaders need to be actively involved, and CCR reforms touch policy across the child and youth serving spectrum.

What is a County Policy Team?

These local leadership councils are sometimes called **Partnership Council, Policy Board, System Management Team, or Cross System Leadership Council**. It can be called whatever has meaning in your county. In some counties, these groups meet for at least an hour, on a monthly or quarterly basis, and in some highly integrated systems, more often.

Who Sits on the Shared Leadership Group?

The typical composition might include the Director or Deputy level staff from Mental Health/Behavioral Health, Children’s Welfare, Juvenile Probation, and the County Office of Education or SELPA Leader. Some counties include their presiding judges, County Administrative Officer or designee, District Attorney Leadership and interested law enforcement leads. The most important factor in determining composition is to have those with decision making authority consistently present, and building trust and shared accountability to one another.

What do we talk about?

The County Policy Board/Leadership Council can agenda and discuss any and all areas or issues which touch the service and planning around youth and families. Some usual and customary areas where many county leadership collaboratives spend their energies include:

- Policy Alignment between Partners—assuring that families and agencies have aligned written guidelines and practices when their clients overlap is a key policy level function. Doing so reduces caregiver strain on families, and has demonstrated effective return on the investment in shared service delivery.
- Shared Recruitment, Training, Coaching and Supervision of staff—when county staff from different departments are co-located or work closely with one another, providing cross training and supervision can be cost effective and critical to assuring seamless and shared outcomes. Policy boards in some counties share hiring, recruitment and orientation of key staff. In some cases, counties agree to form hiring panels for managers and directors, to best inform each department’s recruitments.

- Family Engagement and Service Planning—The use of a like approach for engaging families, typically built on Wraparound principles or other Community Centric and family friendly theories, need to be coordinated, and policy boards often spend time focused on assuring that not only are their uniform ways of engaging, but that service plans, documents, and related communication tools are friendly to all partners.
- Confidentiality and Information Sharing—Policy boards are key venues where agreements and differences can be identified, and eventually, put to writing, to assure that county sharing of information meets local utility and effectiveness. Often, when county counsel staff knows that multiple service directors are on board with an approach, it’s easier for them to support the agreements around information and data sharing that are needed as integrated care models become the norm.
- Leveraging and Coordination of Revenues—in high trust partnerships, one department’s resources are part of the collaborative’s resources. Decisions around use of new monies, discretionary grant dollars, or in cases when revenues are sparse or in decline, can and should be made in partnership with sister agencies. Gaining much needed access to *Mental Health Services Act or Local Control Funding*, for instance, is most likely to happen when senior department staff meet monthly to share their resources and talk about how these funding streams can touch multiple systems.
- Use of a Uniform Practice Model—As CCR and related obligations are implemented, the use of a single, multi-agency model will prevent program drift, maximize resources and assure consistent practices for families that touch more than one service sector. Policy boards can be great environments to oversee and coordinate the use of these integrated practices in your county.

What Should My County do to Get Started in Policy Board formation?

It can be challenging to form and sustain a policy board conversation. A few suggestions for the journey might include:

- Keep your eye on the Prize—don’t let “technical difficulties” get in the way. Keep talking and try to see “resistance” in partners as an indication of “unmet need” rather than a roadblock.
- Consider designating a Presiding Judge as the Chair or Administrative Authority—sometimes, in moments of difficulty, having a non-county authority to mediate and interpret can close gaps between other partners.
- Cultivate Trust—don’t forget to invest in spending human time together with peers and other senior staff. The greater the trust, the more readily solvable the challenges will be.
- Celebrate and Market your success—even the small, early success of talking together, beginning a conversation, is something to acknowledge. Use local communication vehicles to let commissions, Boards of Supervisors, and other parallel decision makers know of your emerging success.
- Agree to Disagree—except when it comes to being and doing together. Some issues may not be solvable in the moment. There may be times when issues must be put aside to move on to areas that can be shared.
- Finally, make promises you CAN and WILL keep. Trust and shared power come quickly when all partners hold themselves accountable, even of the small commitments.