



# Core Practice Model Learning Collaborative Proposal

Prepared by the Katie A. Multidisciplinary Workgroup,  
a subcommittee of the  
Statewide Training and Education Committee (STEC)  
July 26, 2013; Amended August 22, 2013



## Executive Summary

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The All County Information Notice entitled “Katie A: Implementation of the Core Practice Model Through a Learning Collaborative Model”<sup>1</sup> invites early-implementing counties to share knowledge, tools, and other resources through a structured learning process aimed at improving cross-system coordination between the mental health and child welfare systems. While the Core Practice Model (CPM) was precipitated by the Katie A. v. Bonta Settlement Agreement specifically to address the provision of mental health services to children in care, implementation of the CPM is designed for broader implications to elevate the overall well-being of children in the child welfare system.

The Katie A. Multidisciplinary Workgroup offers a proposal to CDSS and DHCS for conducting the statewide Learning Collaborative based on implementation science principles as specified in Chapter 3 of the Core Practice Model Guide. The proposed Learning Collaborative will last approximately 18 months and bring together representatives from the fields of mental health and child welfare, stakeholders from among parent, youth, community and Tribal partners, and subject matter experts. Their task will be to redesign the interface between child welfare and mental health agencies, and to identify the supports that are needed to implement the CPM across the state. It is envisioned that training and facilitation assistance will be provided to the Learning Collaborative by California’s child welfare and mental health training systems.

An initial cohort of counties from three geographic regions and an additional cohort for “small” counties are currently being selected by CDSS and DHCS for participation in the Learning Collaborative. The Learning Collaborative proposal recommends that each cohort county select a small number of individuals to participate in a Statewide Leadership Team that will guide statewide implementation and a larger number of people to serve on local Implementation Teams to guide county-level implementation. The Statewide Leadership Team will articulate state-level priorities for the Learning Collaborative, identify common barriers to implementation, and specify training and implementation tools to assist with statewide implementation, among other duties. County-level Implementation Teams will plan, direct, and monitor implementation efforts in their respective counties, in some cases drawing upon workgroups previously developed by local agency leaders and community partners.

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<sup>1</sup> All County Information Notice I-26-13 (May 29, 2013)

The Katie A. Settlement Agreement requires timely access to mental health services in all California counties for children in the child welfare system. Consequently, counties that are not part of the initial cohort will be implementing aspects of the CPM during the Learning Collaborative period without necessarily acquiring the full benefit of implementation science-based processes and lessons learned from the Learning Collaborative experience. Given this limitation, it is recommended that the Learning Collaborative devise methods for prompt dissemination of knowledge and tools to all counties.

The Katie A. Multidisciplinary Workgroup recommends a regional format that integrates and coordinates the work of the Statewide Leadership Team with that of the county-level Implementation Teams by establishing a communication system for a two-way information exchange about statewide and county-level experience and concerns. The recommendation specifies convenings of the Statewide Leadership Team at the start, midpoint, and end of the Learning Collaborative period, interspersed with three regionally-based learning sessions.

All members of each county's Statewide Leadership Team will be invited to the first convening of the Statewide Leadership Team that launches the Learning Collaborative. Thereafter, Leadership Team representatives from each region and from the contingent of "small" counties (i.e., not the full membership of each county's Leadership Team) will participate in the second and final convenings of the Statewide Leadership Team. All members of each county-level Implementation Team may be invited to attend the three learning sessions for their respective regions or "small" county group. The overall goals for the Statewide Leadership Team convenings and the objectives for each learning session are detailed in the proposal.

Curriculum materials and tools for training and facilitation will be developed to guide the Statewide Leadership Team and the county-level Implementation Teams. Content will include goals, agendas, and outlines or lesson plans that address implementation science principles and the learning collaborative process as applied to cross-system implementation of the Core Practice Model and its counterpart, the Medi-Cal Manual. The Learning Collaborative proposal intends to maximize the sustainability of the Core Practice Model, as directed in the Katie A. Implementation Plan (see Appendix A).



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## Introduction

This proposal provides a brief description of the Learning Collaborative model and how learning collaborative concepts may be adapted for use in implementing the Core Practice Model. The proposal explains the selection and roles of the initial cohort of early-implementing counties. Preparation for the Learning Collaborative process and plans for curriculum and facilitation supports are also indicated.

## Overview of the Learning Collaborative Model and Process

The learning collaborative model allows people to work together to resolve systemic problems. Typically, the model is used to address complex problems for which there is no singular or simple solution. The model is also effective in addressing problems which require cross-system collaboration.<sup>2</sup>

Previous applications of learning collaboratives in the non-profit sector indicate that the learning collaborative process involves several learning sessions spread over 12-18 months. The learning sessions are attended by teams from participating organizations. The initial learning session allows teams to start by gathering more information about the problem they are addressing. Following the initial learning session, teams work together in the field to develop and test tools or processes to address the identified problem (with technical assistance available through conference calls, web sharing and site visits). As teams learn more about the problem and what works to address it, they come together for subsequent learning sessions to share information and learn from each other to refine their knowledge. In the end, teams have made-to-order system change that suits each team's individual challenges, but makes use of the solutions identified by the other teams as well. Furthermore, the model fosters the development of peer support networks with similar knowledge bases and experiences in addressing a common problem.<sup>3</sup>

The learning collaborative model also utilizes the support of "faculty" who provide technical assistance to help the teams design, implement, and track innovative solutions. This support is

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<sup>2</sup> <http://nnphi.org/program-areas/accreditation-and-performance-improvement/resources/meeting-and-webinar-materials>

<sup>3</sup> <http://nnphi.org/CMSuploads/Kick-Off-Materials-62101.pdf>; <http://www.nnphi.org/CMSuploads/Dream-Team-17339.ppt>

provided in person at learning sessions and between sessions via conference calls, email, and web interaction.

### **Adaptation of the Learning Collaborative Process for the Core Practice Model (CPM)**

This document proposes a learning collaborative process that will bring together representatives and affiliated stakeholders in the fields of mental health and child welfare to redesign the interface between the mental health and child welfare systems. The goals of the learning collaborative process are to improve cross-system collaboration and coordination in the delivery of family-focused services and to identify the supports needed to implement the Core Practice Model (CPM) across the state. It is envisioned that the learning collaborative process will extend over a period of approximately 18 months. While the Core Practice Model was precipitated by the Katie A. Settlement Agreement, which specifically addresses the provision of mental health services to children involved in the child welfare system, implementation of the CPM is designed with broader implications to elevate the overall well-being of children in foster care.

Principles and values derived from implementation science research will be applied to the Learning Collaborative process to the extent possible, given the limitations posed by the mandates of the Katie A. Settlement Agreement. While it is recognized that a fundamental purpose of the Learning Collaborative is to promote fidelity of the CPM across the state by sequencing the Learning Collaborative before uniformly implementing the CPM in counties that are not participating in the initial cohort, legal requirements dictate that timely access to mental health services in all California counties for children in the child welfare system cannot be delayed by adherence to a more ideal training sequence. Consequently, it is acknowledged that counties that are not part of the initial cohort will be implementing aspects of the CPM during the 18-month period of the Learning Collaborative without necessarily acquiring the full benefit of the lessons learned from the Learning Collaborative experience. With implementation of the CPM occurring simultaneously in cohort and non-cohort counties, there is risk that the statewide uniformity of the CPM may be compromised, despite the best intent and efforts of the Learning Collaborative planners and participants. In order to satisfy the necessity for timely delivery of children's mental health services while promoting consistent, statewide application of the CPM, it is recommended that the Learning Collaborative process incorporate specific methods for prompt dissemination of knowledge and tools to all counties during the Learning Collaborative period.

The Learning Collaborative for the Core Practice Model will provide training and technical assistance as directed in the objectives for the Katie A. Implementation Plan "to support adherence to a sustainable core practice model which will facilitate the transformation of child welfare and mental health systems" (Katie A. v. Bonta: Exhibits 1 to 3 to Special Masters Report, 11/29/12, p. 55). See Appendix A for the complete list of objectives.

### **Selection of the Initial Cohort**

In consultation with the County Welfare Directors Association (CWDA) and the County Mental Health Directors Association (CMHDA), CDSS and DHCS will select an initial cohort of counties participate in the Learning Collaborative as early implementers of the CPM. The Learning Collaborative cohort will be comprised of counties that represent three geographic regions, with an additional set of “small” counties that represents counties with small populations. At this time, it is not known how many counties from each region or designated as a small county will be chosen.<sup>4</sup> The size and composition of the cohort will be based on selection criteria identified by CDSS and DHCS in relation to the Readiness Assessment, Service Delivery Plan (SDP), and the capacity of state resources to support the collaborative.<sup>5</sup> The selected counties and their efforts via the learning collaborative will serve to inform the implementation and training process for the rest of the state. In order to be selected, counties must have the capacity to deliver the Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) consistent with the CPM and agree to:

- Share their experience and insights with CDSS, DHCS, CalSWEC, CiMH, and the Regional Training Academies
- Identify co-leads from mental health and child welfare
- Build an implementation team
- Develop and test strategies for implementing the CPM
- Participate in various trainings, convenings, and webinars
- Transfer lessons learned to their local programs and use any coaching, training materials, and other aides to fully adopt and implement the CPM
- Act in a peer capacity with other counties

### **Roles of the Initial Cohort**

The initial cohort will serve dual roles in the Learning Collaborative process:

1. Cohort counties will each form a Leadership Team to guide statewide implementation.
2. Cohort counties will each form a local Implementation Team to guide county-level implementation.

#### *Statewide Leadership Team*

Leaders representing the mental health and child welfare systems from each group of initial cohort counties will form a Statewide Leadership Team to provide coordination of statewide implementation activities. This team will also include stakeholders, such as parents, youth and Tribal representatives; the Regional Training Academies; mental health training partners; CiMH; CalSWEC; CDSS; DHCS; and faculty/experts (e.g., fiscal consultants, legal consultants, implementation experts, child welfare and mental health practice experts).

The Statewide Leadership Team will:

- Articulate state-level priorities for the Learning Collaborative

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<sup>4</sup> CDSS ACIN No. I-26-13

<sup>5</sup> CDSS ACIN No. I-26-13

- Identify funding needs for statewide training implementation
- Plan the learning collaborative process
- Share regional perspectives with the state
- Identify common barriers to implementation around the state
- Identify training and implementation tools to assist with statewide implementation
- Establish a communication plan that coordinates statewide and county-level training implementation
- Establish a plan for data collection

### *County-level Implementation Team*

In addition to forming a Leadership Team for the statewide level, each county in the initial cohort will form a local Implementation Team to direct and monitor training and implementation efforts in their respective counties. Implementation Teams will be comprised of a broad-based membership from the child welfare and mental health fields that includes training and facilitation partners, stakeholders (such as parents, youth, and Tribal representatives) and representatives from a spectrum of organizational levels in the child welfare and mental health systems. Subject matter experts, specialists in implementation science, fiscal consultants, and legal consultants are also likely to offer major contributions to the work of local Implementation Teams. Some County-level Implementation Team members may also serve on the Statewide Leadership Team. Cohort counties may find it beneficial to base Implementation Team membership upon existing, relevant workgroups and systems previously developed by local agency leaders and community partners.

While counties will vary in the composition of their Implementation Teams according to local needs, it is recommended that each county identify “core” team members who are responsible and accountable for day-to-day implementation tasks and “extended” team members who provide additional recommendations, consultation, and other forms of support.

### **Sequencing of the Learning Collaborative Process (see Figure 1)**

The Learning Collaborative involves three convenings of the Statewide Leadership Team interspersed with a series of three regionally-based Learning Sessions. The process begins with a state-level “kick-off” convening of the Statewide Leadership Team to identify basic components of the implementation process:

- Goals
- Timelines
- Key activities
- Needed resources and supports

All members of each county’s Statewide Leadership Team are invited to the first convening. Thereafter, Leadership Team representatives from each region and from the “small” county cohort (i.e., not the full Leadership Team membership) will participate in the second and final convenings of the Statewide Leadership Team.

The series of three Learning Sessions are conducted separately at regional locations, and only the County-level Implementation Teams from a single region (or from the small-county cohort) participate together. Cohort counties are encouraged to maximize the impact of the Learning Sessions by building upon the existing, relevant work and systems previously developed by local leadership and community partners. The three regionally-based Learning Sessions will be held (1) from two to four months after the “kick off” event; (2) during months five through eight; and (3) during months twelve through sixteen. At the end of the Learning Collaborative process, the Statewide Leadership Team will have a final convening during months sixteen through eighteen to share lessons learned and provide recommendations to CDSS, DHCS, and STEC regarding statewide training and implementation of the CPM.

### **Content, Objectives, and Support for the Learning Sessions Series**

#### ***First Learning Session***

At the first Learning Session, the initial cohort of Implementation Teams will learn more about the learning collaborative process, the CPM, and implementation science. Implementation Teams will then refine their Service Delivery Plans (SDPs), determine the path of their implementation process, and identify the types of technical support that will be needed.

The objectives for the first learning session(s) are:

- Identify the shared needs and values that promote motivation to engage in the work by helping Implementation Team members understand why change is necessary
- Provide new knowledge and skills related to collaboration and the CPM that help Implementation Teams feel empowered to do the work
- Identify training needs for line staff and supervisors
- Facilitate a process that allows Implementation Teams to share lessons learned and build motivation through positive peer pressure
- Provide Implementation Teams with work time to establish and refine work plans with goals, actions, and a timeline

Following the first learning session(s), the Implementation Teams will begin work in their respective counties to actualize the CPM and surmount barriers they may encounter.

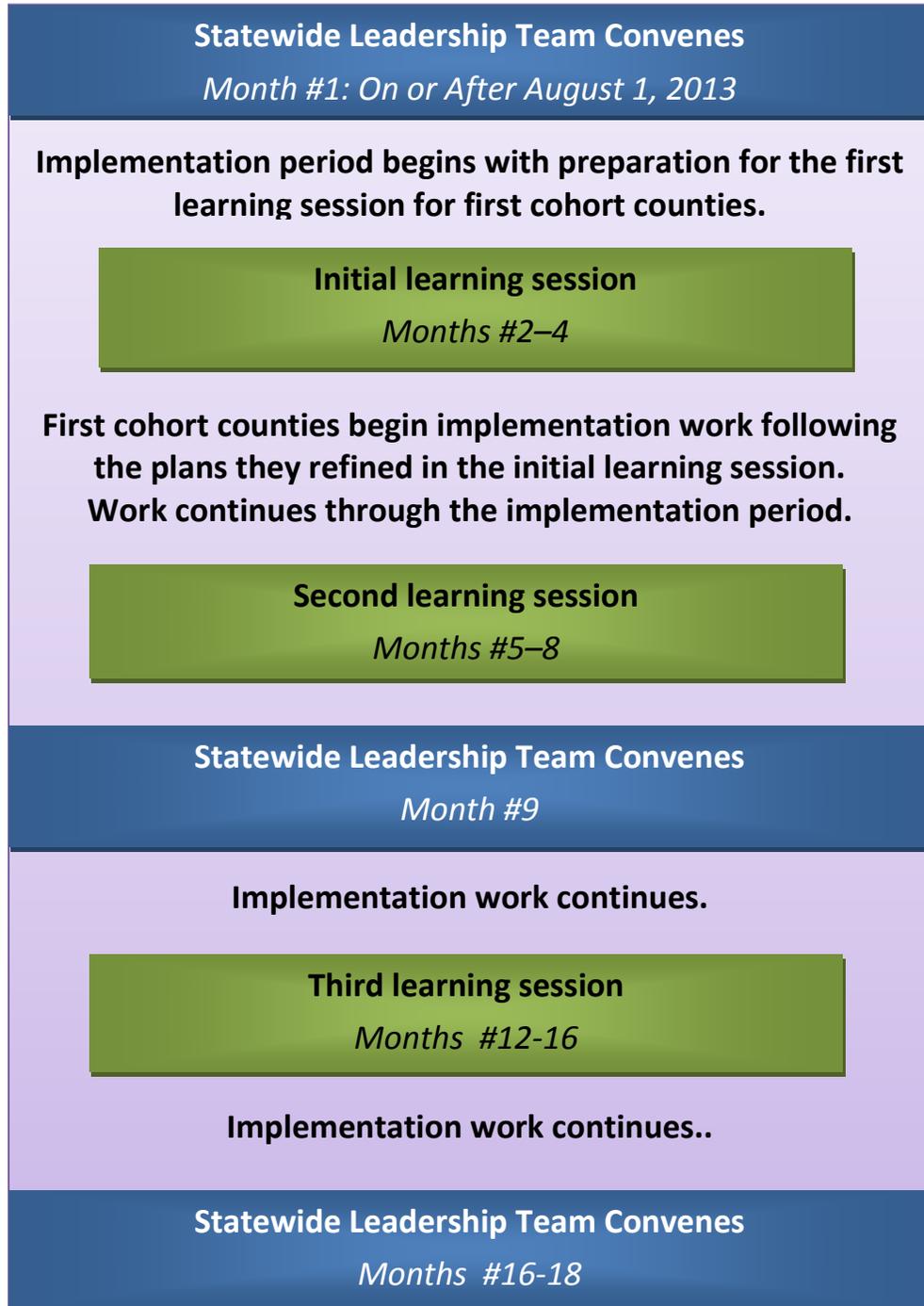
#### ***Second and Third Learning Sessions***

After a period of implementation work spanning approximately 2-3 months, the initial cohort of Implementation Teams will participate in a second Learning Session(s). The second Learning Session(s) will allow Implementation Teams to learn from each other by reflecting on their progress and challenges, and next steps will be planned.

The objectives for the second learning session(s) are:

- Clarify participant roles (including stakeholders) of Implementation Team members
- Share information between Implementation Teams
- Provide peer feedback about progress and challenges

**Figure 1:** Statewide Leadership Team convenings interspersed with regional Learning Sessions conducted separately in each region and “small” county location



- Establish a process for data collection for each cohort county
- Establish common measures of implementation progress
- Assess the developing structure for cross-systems collaboration in each cohort county
- Assess other systemic issues in each cohort county
- Identify ongoing needs at the system and practice levels for each cohort county for training, facilitation, and coaching support
- Identify next steps for the Implementation Teams' work plans

Several months of implementation work in each participating county will follow the second Learning Session(s). The third and final Learning Session(s) of the Learning Collaborative will occur approximately halfway through the 18-month early implementation timeline. At the third Learning Session, updates will be provided about the progress and challenges faced by the Implementation Teams, and plans will be made for completing implementation of the CPM in each of the counties in the initial cohort.

### ***Technical Support***

Regional training academies, CiMH, and the mental health regional workforce development partnerships will provide facilitation and technical support for the learning sessions. Throughout the process, additional coordination and support will be provided via group calls at regular intervals for progress updates and trouble shooting.

### **Learning Collaborative Preparation**

#### ***Key Tasks***

Prior to the centralized, state-level "kick-off" convening of the Statewide Leadership Teams the following tasks must be completed:

- Identify the initial cohort counties
- Build county-level Implementation Teams with key partners and stakeholders, and representatives from a range of positions in or affiliated with mental health and child welfare agencies
- Establish a point-person for the Learning Collaborative process at the state level
- Identify fiscal consultants for each participating county
- Identify facilitation support and coaches for the ongoing activities of the Learning Collaborative. Master coaches should address system and practice issues associated with interagency collaboration.
- Develop a Learning Collaborative curriculum and tools to support the process of the Statewide Leadership Teams and county-level Implementation Teams.

### ***Curriculum Support***

Curriculum materials will guide the Statewide Leadership Team and the county-level Implementation Teams.

### For the Statewide Leadership Team

Tools and training materials for the Statewide Leadership Team will articulate clearly defined goals, agendas, and outlines or lesson plans that address:

- Learning collaboratives as applied to CPM implementation
- Basics of implementation science principles, values, and process
- A cross-systems overview
- Components of the CPM and cross-systems content in the Medi-Cal Manual
- Information and guidance from Collective Impact studies
- Data sharing, confidentiality, and HIPAA
- The identification of regional/cohort focal themes
- Establishing a communication process between the Statewide Leadership Team and county-level Implementation Teams

### For the County-Level Implementation Teams

Training resources for the Implementation Teams' Learning Sessions will include instructional materials and facilitation tools.

*Instructional materials* will articulate clearly defined goals, agendas, and an outline or lesson plan that addresses:

- An introduction to the learning collaborative concept and the specifics of the Learning Collaborative process as applied to CPM implementation
- Basics of implementation science principles, values, and process
- Basics of Collective Impact research studies
- A cross-systems overview
- Basics of trauma-informed systems, practice, and therapy
- Components of the CPM and cross-systems content in the Medi-Cal Manual
- Guidance for the role of management in engaging parent partners, advocates and youth
- Guidance for creating effective Implementation Teams pursuant to implementation science
- Leadership training on the CPM and implementation science
- Descriptions and definitions of the Implementation Team and participant roles
  - Examples include:
    - County-level leadership: responsible for collaboration at the administrative level, changing agency culture, and developing staff awareness and support
    - Line-level champions: assist with the development of coaching and supervision practices
    - Bridging between the county-level leadership and line-level champions

*Facilitation tools* with clearly defined goals, agendas, outlines, and communication guidance will include:

- Stakeholder engagement tools (e.g., meeting agendas, recruitment tools, and focus group materials)

- A facilitation guide for key activities at the Learning Sessions, including:
  - A process for establishing the goals, structure, and timeline for the work of the Implementation Team
  - A process for using implementation science to guide the work of the Implementation Team
  - Guidelines for setting goals and expectations (i.e., the intended contribution of the Implementation Team to the overall training implementation process)
  - Tools for conducting the process (e.g., guidance for applying information from the Readiness Assessment and Service Delivery Plan to establish goals and strategies)
  - Tools for conducting fiscal analyses
  - A process to use the Readiness Assessment and Service Delivery Plan to identify training and coaching needs, curricula, and tools for line staff and supervisors
  - A process for establishing networks among persons with similar roles (e.g., coaches) to provide support and share information (e.g., to begin regular conference calls)
  - Tools for planning and documenting implementation efforts
  - A process to establish a set of common measures for tracking implementation progress (based on the Readiness Assessment as applicable)
  - A process for identifying and reporting regional and local training needs to support CPM implementation
  - A process for interacting with coaches and experts to address system issues and barriers
  - A process for establishing a “feedback loop” from the county-level Implementation Team to the Statewide Leadership Team
  - Tools for identifying the implementation processes that will be developed further and shared with other Implementation Teams
- Web pages for counties to share ideas and materials online

### ***Additional Training Resources***

Many curricula have been identified by STEC’s Multidisciplinary Workgroup for use or adaptation for training the CPM, and the work to identify curriculum resources is ongoing. Additional curriculum materials will be collected, adapted, and created to support CPM implementation at county and regional levels across the state during and after the Learning Collaborative period. Examples of current topics include:

- Collaboration, teaming, engagement, and cultural competence/humility
- The role of management in engaging parent partners, advocates and youth (knowledge, skills, competencies, tasks)
- Trauma-informed systems, practice, and therapy
- Assessment and mental health screening

## Appendix A

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### SECTION V. TRAINING AND TECHNICAL ASSISTANCE

The purpose of the training and technical assistance activities is to support adherence to a sustainable core practice model which will facilitate the transformation of child welfare and mental health systems. Training activities alone are not enough to sustain the adherence to the CPM. Solutions also need to be hands on and practical to meet technical and adaptive challenges in order to achieve meaningful changes in values, beliefs, attitudes, family and youth inclusion and paradigms in real time.

#### OBJECTIVES

1. To develop cross-system training and coaching curriculum and educational materials for child welfare and mental health staff, youth, family support partners, providers and parents/caregivers and to include families/caregivers in the development of training.
2. To develop joint training and/or technical support for a child welfare and mental health leadership and workforce that is in line with the CPM to support the integration and coordination of child welfare and mental health leadership and workforces in order to deliver consistent and quality services that include families and youth in the training process.
3. To clarify and provide guidance on state and federal laws as needed to implement the Settlement Agreement so that counties, providers, families and youth, and other stakeholders can understand and consistently apply them.
4. To develop and endorse practice tools, training and coaching curriculum, practice improvement protocols and quality control systems to support the shared CPM in order to support service integration and/or coordination for mental health services for class members.
5. To ensure family and youth involvement is included in all aspects of training and support development and activities.