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From: Marvin J. Southard, D.S.W.
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BOARD MOTION #07-508 RE: QUARTERLY REPORT: ENHANCED SPECIALIZED FOSTER CARE MENTAL HEALTH SERVICES CORRECTIVE ACTION PLAN

On August 21, 2007 your Board approved the Countywide Enhanced Specialized Foster Care Mental Health Services Corrective Action Plan (CAP) which represented the County's response to a November 2006 "Findings of Fact and Conclusions of Law Order" issued by Federal District Court Judge Howard A. Matz in the Katie A. v. Bonta lawsuit. At that same time, your Board instructed the Directors of the Departments of Mental Health (DMH) and Children and Family Services (DCFS) to provide quarterly reports to the Board for the purpose of monitoring and tracking the implementation of the components of the CAP. The first report was submitted to your Board on January 16, 2008.

This second quarterly report will discuss two CAP-related issues, including the establishment of an oversight structure to facilitate the implementation of the CAP and the work that is taking place to develop a Strategic Plan, and will highlight the County's progress in achieving the *Plan Modifications* described in the CAP, including:

- Screening and assessment of class members
- Provision of Intensive Home-Based Mental Health Services
- Impact of the Title IV-E waiver on the plan
- Data Management and Tracking indicators
- Exit criteria and formal monitoring plan

Governance/organizational structure for CAP implementation

Under the Board of Supervisors' leadership and direction, The Chief Executive Office (CEO) along with the Departments of Children and Family Services and Mental Health are committed to ensuring that the obligations of the Katie A. Settlement Agreement executed in 2003 are fulfilled expeditiously. Chief Executive Office staff has developed a new, joint oversight structure between the Children and Families Well-Being and Health/Mental Health service clusters to implement the Board's directive, which will result in improved centralized management and coordination. The hiring delays for positions identified in the CAP along with the slow expenditure of funds identified for therapeutic foster care services are examples of the issues being addressed by the enhanced oversight and coordination put in place by the CEO.

The structure is attached for your review. As you can see, it incorporates four tiers of oversight to ensure compliance with the CAP. Once a month, cluster leadership will meet with the identified department heads to discuss policy issues related to funding, staffing, and service delivery. The departmental managers overseeing the development of the strategic framework for complying with the CAP have instituted set meeting schedules on a bi-monthly basis and formed focal workgroups to implement the various plans. In addition, the CEO has appointed a dedicated liaison to provide the ongoing coordination required to move this effort forward. One of our first accomplishments was to expedite the allocation of 101 positions to Mental Health, previously delayed in classification processing.

This oversight structure will execute the Board's vision in relation to Katie A. and provides an effective first step in addressing the hiring barriers and other impediments prolonging the involvement of the Court-appointed Advisory Panel. This new structure will promote accountability and the fulfillment of the Settlement Agreement and, more importantly, the implementation of a mental health continuum specifically designed to address the multi-faceted needs of children in the County's child welfare system.

Strategic Plan Development

In March of this year, the County developed a set of strategic planning templates outlining goals and objectives that incorporate elements from the Katie A. Settlement Agreement, the Enhanced Specialized Foster Care Mental Health Services Plan (Plan), and the CAP. A set of organizing principles and program design characteristics including timeliness of response, cultural competencies, the use of a team approach to identifying the child and family's needs and strengths, and the provision of intensive home-based services and supports are guiding the planning for providing mental health services to children in foster care.

The County is currently compiling these templates into one project plan that identifies goals, tasks, goal leads, and timelines for the individual tasks that roll-up to the overarching goals. The strategic plan will be organized into seven main goals that span

mental health screening/ assessment, mental health service delivery, funding, training, caseload reduction, tracking of indicators, and exit criteria/formal monitoring plan. Managers developing the plan currently envision a five-year timeline to reform the child welfare and mental health systems. Revisions to the CAP will be piloted in SPAs 1, 6, and 7 in the fall of 2008 and evaluated using a Qualitative Services Review (QSR) to objectively demonstrate that the County has complied with the provisions of the Settlement Agreement. Any modifications informed by the pilot would be implemented before the Countywide rollout is initiated in incremental stages beginning in the summer of 2009. At this point, the Court-appointed Advisory Panel would begin to phase out as their primary responsibility transitions from strategic plan development and implementation to program monitor. A rough draft of the project plan has been developed and will be finalized at the start of fiscal year (FY) 2008-09. The detailed project plan and accompanying strategic plan will provide a central reference and the overall vision for tying the Settlement objectives, Plan, and the CAP together, which will guide all planning and implementation activities for delivering mental health services to children in foster care.

Screening and Assessment of Class Members

The mental health screening and assessment of Katie A. class members was an integral element of the initial Enhanced Specialized Foster Care Mental Health Services Plan as well as the CAP. A number of inter-related activities and structures are being created or enhanced to support this important component.

Family-Centered Services (FCS) Coordinated Screening and Assessment Team (CSAT) and Referral Tracking System

As a result of the recent Katie A. strategic planning work, the Family-Centered Services (FCS) Coordinated Screening and Assessment Team (CSAT) and Referral Tracking System is an initiative developed to ensure prompt screening, assessment and treatment for child-needs driven, family-centered services. Above all, the CSAT seeks to coordinate, structure, and streamline existing programs and resources.

The CSAT and Referral Tracking System will accomplish the following specific objectives:

1. Utilize a single, referral process regardless of the entry point by which children and families enter the child welfare system, be it court-ordered or voluntary;
2. Condense existing forms into one standardized, universal screening application/form;
3. Implement an automated referral and tracking system to track referrals, capacity, utilization and service need by geographic location;
4. Integrate existing staff and program resources into unified, management and navigation teams that work efficiently in consultation with the Children's Social Worker (CSW), child, family, and their team;

5. Remove unnecessary bureaucratic layers of service authorization (i.e., DCFS Wraparound Liaisons will link children approved through the TDM process directly to Wraparound providers, eliminating the need for CSWs to attend a separate meeting to gain service authorization);
6. Increase ability to rapidly and thoroughly identify needs and deploy resources/services;
7. Maximize utilization of existing and future resources and programs.

For the most part, existing resources within each DCFS Regional Office will form Coordinated Screening and Assessment Teams (CSATs) which will respond to electronic needs-based referrals generated by CSWs. The CSATs will work collaboratively with the CSWs, providing their expertise regarding program options and eligibility, to link children and families for appropriate services, and enter the results into the FCS Referral Tracking System. The creation of the CSAT aligns existing DCFS and DMH regional, non-line staff to rapidly receive referrals through the FCS system to follow-up and ensure the most appropriate service linkage. The CSAT will be located in each regional office and will serve as the entry portal for service linkage and will act as system experts or navigators. The CSAT will help to promote the larger systems change required to effectively screen, assess, provide, and track services to children in foster care that is envisioned in the Katie A. Settlement Agreement.

Additional staffing positions will be required to effectively manage and structure the workflow and collaboration of the CSAT members. The numbers will be finalized early in the next fiscal year along with the Strategic Plan. The CSAT will be piloted first in SPAs 1, 6 and 7 before being implemented Countywide. DCFS anticipates an October 2008 start date.

Medical Hubs

The Medical Hub Program, an interdepartmental initiative of the Departments of Children and Family Services (DCFS), Health Services (DHS) and Mental Health (DMH), is in its second year of formal operation. This Program ensures that children at high risk for health and mental health problems receive a thorough and comprehensive initial medical examination, including age-appropriate developmental and mental health screenings, and a forensic evaluation if deemed appropriate when there is an allegation of physical or sexual abuse. The target or primary population of the Medical Hub Program is newly detained court cases and non-detained cases with an open child abuse investigation.

For fiscal year (FY) 2007-08, the newly detained population targeted to be served by the Hub Program has averaged 761 new court detentions per month (July 2007 – March 2008). Approximately 61% (464 per month) of the target population has received an initial medical exam at a Medical Hub. For those children who are not served at a Medical Hub, CSWs follow DCFS policy and procedures to ensure that providers in the community meet the required timeframes for the child to receive the initial medical

exam. The goal of DCFS is to continue to build capacity so that 100 percent of this population is served by the Hubs. Plans for bringing up the Satellite Hub in El Monte are currently underway and a timeline for doing so will be developed and presented to the Board in the near future. At the Olive View Medical Center Hub, preliminary design documents have been completed for the renovation and expansion of the hub, so that more children can be served at this site.

All newly detained children and children referred to a Hub for a forensic exam are screened for mental health problems, after which the positive Mental Health Screening Tools (MHSTs) are forwarded to the DCFS office for mental health assessment and treatment as needed. From July 2007 to March 2008, 7,006 DCFS involved children were screened using the MHST. Of that population, 2,978 screened positively for mental health problems, a rate of 42.5 percent.

Multidisciplinary Assessment Team (MAT)

Currently, approximately 60 percent of all newly detained children in SPAs 3 and 6 are assessed through MAT. Once the DCFS Command Post staff is trained, MAT assessments should significantly increase in SPAs 3 and 6 to 100 percent of newly detained cases. According to MAT Provider agencies, between 70 – 85 percent of assessed children meet the medical necessity requirements of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for mental health treatment. The number of MAT referrals continues to grow as more CSWs learn about and understand the benefits of the MAT assessment. To date, over 1,100 children have been assessed through the MAT program.

The CAP called for the expansion of the MAT programs to SPAs 1 and 7 this fiscal year, with Countywide expansion of the program in FY 2008-09. Recently, new dedicated DCFS MAT coordinators have been hired in SPAs 1, 3, 6 and 7. DCFS MAT coordinators for SPAs 2, 4, 5
and 8 will be hired by June 30, 2008. DMH has hired MAT infrastructure support items identified in the CAP in SPAs 3, 6 and 7, while SPA 1 continues to recruit these positions. MAT training of prospective providers took place in SPA 1 in May of this year. A convening of prospective MAT providers is scheduled to take place in SPA 7 later this month. It is anticipated that MAT providers will be identified in SPAs 1 and 7 early in FY 2008-09 and that contracts will be amended to support the MAT services and training provided within the first quarter of the fiscal year.

D-Rate Assessments

DMH and DCFS employ D-rate case managers and D-rate evaluators who provide ongoing oversight of the service provision to the almost 2,000 children placed in D-rate homes. Their efforts have succeeded in improving access to mental health services for children in these placements. The D-Rate Section provides assistance to CSWs in identifying and assessing special needs children by ensuring that the caregiver's home

meets the child's needs and that all special needs children receive timely and appropriate services in accordance with the provisions of the Katie A. Settlement Agreement. Each child's case is reviewed/recertified every six months to evaluate progress, revise goals, and modify treatment provision as indicated. A team composed of the CSW, DCFS D-rate Evaluator, DMH Medical Caseworker and other persons involved in the child's treatment plan (caregiver, child, teacher, doctor, etc.) develop a plan to determine the appropriate foster home, related requirements and expectations of the caregiver, and treatment modalities responsive to the results and recommendations of the D-rate assessment.

The CAP increased the DCFS D-rate staffing allocation from ten (10) to fourteen (14) D-rate Evaluators, augmented by five (5) new DMH positions to support D-rate activities. All of these staff positions have been hired. DMH has improved its processing time for initial D-rate assessments, and DCFS has followed up on these initial assessments with clinical reviews of the child's status and efficacy of mental health treatment for these children every six months. Currently, over 90 percent of children in D-rate placements are receiving mental health services.

Resource Utilization and Management Process

The CAP describes the development of a Resource Utilization and Management Process (RMP) to improve the coordination of service delivery, utilization, and monitoring, particularly for those children in or at risk of placement in congregate care. The proposal called for the staffing of specialized Team Decision Making (TDM) meetings by dedicated DMH and DCFS staff, employing a structured decision making process, with an emphasis on identifying alternatives to congregate placement that would meet the unique needs and strengths of children and their families.

To date, DCFS has hired 9 of the 17 requested positions, while DMH has hired 4 of the 15 positions allocated for this program. Now that DMH has received hiring authority, it is anticipated that all of the staff assigned to the RMP will be hired by the early portion of the first quarter of FY 2008-09. The DCFS Group Home Transition Plan has prompted the RMP to assist in the service planning for those children residing in group homes that did not meet the February 2008 deadline for contract renewals. Existing DCFS and DMH staff, along with newly hired RMP staff has been trained in the use of the Child and Adolescent Needs and Strengths (CANS) tool by the developer, John Lyons, Ph.D., with additional train-the-trainer opportunities scheduled for July. RMP TDMs are now being scheduled to be held over the course of the next two months.

Provision of Intensive Home-Based Mental Health Services

The CAP calls for the expansion of children enrolled in wraparound by 500 slots, a total capacity of 1,217 for the program, by June 30, 2008. Currently, 1,161 children are enrolled in wraparound and it is anticipated that the targeted wraparound capacity will be achieved in June. DMH contract providers in SPAs 6 and 7 are providing several

evidence-based intensive in-home services model, including Multisystemic Therapy, and the Comprehensive Children's Services Program, dedicated to children and families in the child welfare system. Currently, capacity exists to provide these services to 319 children. At this time, 260 children are enrolled in these programs, leaving unfilled service capacity for an additional 59 children. An additional
mental health contract agency has been identified to provide 75 more slots of these services in SPA 1. We anticipate that contract amendments and training will take place during the first quarter of FY 2008-09.

The Treatment Foster Care programs, including Multidimensional Treatment Foster Care (MTFC) and Intensive Treatment Foster Care (ITFC) have been slow to develop and, as of the date of this report, capacity exists only to provide these services to twelve children, with five of these slots currently filled. The County has contracts in place with five Foster Family Agencies to provide treatment foster care services, funded to support a total of 132 slots (60 MTFC and 72 ITFC). MTFC training took place in January of this year, while the ITFC providers were trained in Trauma-Focused Cognitive Behavior Therapy in April. The first ITFC and MTFC placements occurred in April. The principal barrier to the development of this important program seems to be associated with difficulties in recruiting and certifying foster families. Now that these programs are operational, we anticipate that they will expand slowly, increasing capacity by roughly 10 slots each month.

An additional contract provider has been identified to provide 20 slots of MTFC in SPA 1. We expect that contract amendments and training for this program will take place during the first quarter of fiscal year 2008-09.

As part of the strategic planning process, DMH and DCFS, in collaboration with panel members, union representatives, county counsel, and plaintiff attorneys, have engaged in a series of retreats, workgroups and discussions regarding the development of a children and family team planning process and intensive home-based services to meet the objectives of the Katie A. Settlement Agreement. Representatives of DCFS and DMH also traveled to Arizona to observe their child and family team process and their use of intensive home-based services, developed there in response to a similar lawsuit. County representatives are also planning a trip to Washington State to meet with State officials and providers regarding their use of a tiered-funding model to support a similar program.

The Katie A. Panel has approved the County's planning document associated with these services prepared by the Child and Family Team Workgroup, and discussions are now taking place regarding various strategies to provide the necessary funding.

Impact of Title IV-E Waiver on the Plan

The Title IV-E Waiver (Waiver) plays an important role in re-programming flexible funding, which will help support key activities mentioned in the CAP by advancing early

intervention, caseload reduction, and permanency planning strategies. Since the Waiver began, Family Team Decision Making (FTDM) and Family Finding and Engagement have been expanded through Specialized Permanency Units in the Metro North and Pomona Offices; 14 additional FTDM facilitators have been selected to conduct permanency planning conferences for children in long term foster care without permanency resources. Upfront assessments for high risk referrals involving substance abuse, domestic violence and mental health issues are being conducted by Shields for Families in the Compton Office to prevent unnecessary foster placement and divert families to expanded Family Preservation services, with future roll-out plans to include additional regional offices as well as the Emergency Response Command Post (ERCP).

Data Management and Tracking of Indicators

The matching of client data, pursuant to the June, 2007 Order of Federal District Court Judge Howard A. Matz, has provided the County with a unique opportunity to identify children in the child welfare system who have received mental health service. DMH and DCFS have provided client data to Urban Research within the CEO, where a sophisticated matching process, so-called "fuzzy matching", has been undertaken. Using the results of this match, DMH has created a Cognos Cube which allows the department to examine a wide variety of client variables (e.g. demographic information, service information, legal status, financial data, etc.) related to the shared clients of the two departments. To date, reports have been prepared which examine trends related to these variables from FY 2002-03 through FY 2006-07. These reports reflect, for example, a significant increase in the number of DCFS involved children receiving mental health services, associated increased expenditures of EPSDT dollars, and relative decreases in inpatient and day treatment expenditures with increased relative costs associated with outpatient mental health services, all positive trends.

Exit Criteria/Formal Monitoring Plan

Departmental staffs have been working closely with County Counsel and are currently in the process of operationalizing exit criteria, which will objectively document that the County has complied with the terms of the Settlement Agreement, Plan, and CAP. Staffs are currently reviewing the Qualitative Services Reviews (QSR) from other jurisdictions under similar child welfare court orders to improve procedural performance and outcomes for children and families. The QSR in many ways is an extension of the Federal Child and Family Services Review (CFSR), which focuses on evaluating improved outcomes for children and families in the areas of: recurrence of maltreatment; incidence of child abuse/neglect in foster care; foster care re-entries; length of time to achieve reunification; length of time to achieve adoption; and stability of foster care placement. QSRs generally encompass two levels of review – child status indicators and system performance. Child status indicators can entail:

- Safety;
- Stability;
- Physical well-being;

- Emotional well-being;
- Learning and development;
- Prospects for permanence;
- Caregiver functioning;
- Family resourcefulness; and
- General satisfaction with care

System performance indicators measure at a minimum:

- Child and family engagement;
- Team coordination;
- Assessment;
- Long-term view;
- Planning;
- Implementation;
- Tracking and adjustment;
- Cultural accommodations;
- Support availability; and
- Overall performance

Based on the research conducted in other jurisdictions, the QSR provides the County with the most objective vehicle for evaluating the County's performance in complying with the Settlement Agreement, Plan, and CAP and eliminates the ambiguity surrounding some of the provisions in the Settlement Agreement, such as providing care and services consistent with good child welfare and mental health practice. A draft QSR is planned to be completed by the end of 2008, so it can be implemented in 2009 to review performance in SPAs 1, 6, and 7 before being launched Countywide.

Should there be any questions regarding the information contained in this report, please contact Olivia Celis, DMH Deputy Director, at (213) 738-2417.

MJS:GL:AO:LB

c: Chief Executive Officer
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