County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
http://ceo.lacounty.gov

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August 14, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

SUPPORTING THE LONG TERM SELF-SUFFICIENCY OF YOUNG ADULTS AND TRANSITIONAL AGED ADULTS

On January 15, 2013, a motion by Supervisor Antonovich directed the Chief Executive Officer (CEO), in conjunction with all affected departments including the Departments of Mental Health (DMH), Public Health (DPH), Community and Senior Services (CSS), Office of Education (LACOE), Public Social Services (DPSS), and Health Services (DHS), and in consultation with the Commission for Children and Families (Commission), to:

1) Identify and develop a comprehensive integrated service delivery and implementation plan to serve Los Angeles County young adult and transitional aged adult populations;

2) Develop Management Appraisal and Performance Plan (MAPP) goals for each affected department that align with the objective to provide services and meet the needs of these targeted youth; and

3) Report back quarterly on departmental progress toward the integrated service delivery plan, MAPP goals, and status updates on implementation activities.

The CEO created a project charter which outlined the scope and deliverables for this motion, and established a workgroup to address them. This workgroup, chaired by the CEO, included representatives from DCFS, Probation, DMH, DPH, CSS, LACOE, DPSS, DHS, and the Commission.

The purpose of the Youth Self-Sufficiency initiative is to create a comprehensive integrated service delivery model whereby DCFS and Probation youth exit our system prepared for adulthood by achieving success in four key outcome areas: permanency/housing, education, career/workforce readiness, and social and emotional well-being. The term "self-sufficient" does not mean that these youth do not need to rely on others for connection or support, but rather that they have developed the skills they need to take care of themselves in the event that their support network/safety net is removed or compromised. Once these youth reach adulthood, they should be able to find and maintain stable housing, be educated, earn a steady living wage, and become healthy, happy adults without further reliance on County services.

In order to achieve this, frontline County staff, providers and caregivers need to work together, at the client level, to help DCFS and Probation youth achieve success in these four outcome areas, in collaboration with their respective familial and community support systems. An effective integrated service delivery model would create an environment whereby County departments and their partners jointly determine how best to coordinate and streamline child and youth assessments, conduct case planning, and provide services/supports and aftercare services in order to create efficiencies that maximize resources, reduce workloads and duplication of efforts, and more effectively serve these youth.

The workgroup determined that the most effective means for integrating services at the client level, using this approach, would be to build upon the teaming practice DCFS is employing under its Core Practice Model for their Child and Family Team (CFT) meetings. These CFT meetings, which are driven by the needs of the youth and their families as they identify them, are designed to create an engaging process for the youth, their families, and their natural support systems within their communities, in order to develop comprehensive case plans that drive the work of the departments and other professionals involved with them. This model, which has recently begun implementation in the DCFS Pomona and Compton Offices, will eventually be rolled out Countywide and become the standard for how all team meetings are conducted in the future (Attachment I).

Since the CFT meetings bring together representatives from multiple disciplines, it is a natural fit for testing a process in which representatives from the affected departments become members of the youth's team, as needed and driven by the needs of the youth and their families, to collectively develop an individualized comprehensive case plan that would guide all those working with the youth. By bringing together these partners at the client level to develop a unified plan, this establishes the first and most fundamental level of true service integration.

Through various meetings with all of the affected departments, each department agreed to provide staff that would join the CFT meetings for youth, as appropriate and when needed, to create a client level integrated service delivery model as a pilot, and, as part of this process, to designate a departmental point-person whom caseworkers and Deputy Probation Officers (DPOs) could call to get information about available services or supports, knowledge within their respective areas of expertise, and guidance on how best to navigate their systems. With these designated point-persons in place, caseworkers and DPOs could discuss with them ways to troubleshoot issues affecting the individual progress of youth by brainstorming strategies and identifying resources that may be helpful. As demonstrated through similar County projects, when such point-persons become part of the case planning team, it creates a shared ownership and responsibility for the progress of individual system youth, so that the onus is no longer solely on DCFS and Probation.

The "pilot" project would entail working with caseworkers from the Youth Permanency (YP) Unit within the DCFS Pomona Office and school-based DPOs outstationed at the Pomona Unified School District, for a six-month period starting in September 2013, and then evaluating whether or not there is value in this type of integrated model, lessons learned and next steps. The goal for this pilot phase is to target 20–25 youth. Caseworkers and DPOs from these areas would have access to the departmental designated point-persons to answer questions, and staff from these departments would participate in CFT meetings for youth within Pomona's YP Unit, as appropriate and when called upon based on the needs of the youth and family. Training would be provided to departmental staff participating in the CFT meetings so that they will be oriented to that model of teaming. In addition to creating a shared ownership and strengthening system integration, this pilot model is designed to:

1) Provide direct departmental support to caseworkers and DPOs;

2) Infuse self-sufficiency preparation naturally into the case planning process; and

3) Facilitate ongoing conversations and follow-up which is consistent with how youth learn and process information.

This approach ensures that departmental partners are sharing, teaming and problem-solving at the key levels needed to create a truly integrated system model. If this model were implemented Countywide, it would dramatically change the functioning of our service delivery system.

These departments share the goal of ensuring DCFS and probation youth have the resources they need to achieve self-sufficiency upon transitioning out of the County

system. The commitments they are making through the following department director MAPP goals to serve these youth will provide between 800 to 1,500 of the approximately 2,200 age-eligible youth to age out of DCFS and Probation with critical tools needed for becoming self-sufficient:

CSS MAPP GOALS

Provide 500 foster, probation, and/or crossover youth between the ages of 17-21 with services to promote self-sufficiency through education and meaningful work experience. Critical to the goal of self-sufficiency is the need to increase employability by removing potential barriers to the pursuit of employment and education. Based on the youth's individual needs, youth are introduced to essential workforce development services through a combination of the following: skills and job interest assessments, individual service plan, case management, occupational skills training, resume preparation, interviewing techniques, web based job search strategies, and to acclimate the youth to the work environment: short-term paid work experience, On-the-Job-Training, or pre/apprenticeship opportunities.

1. By October 1, 2013, complete the development of a referral system for DCFS and Probation that streamlines the referral of foster, probation, and/or crossover youth to Workforce Investment Act (WIA) youth providers.

    - By September 30, 2013, collaborate with DCFS and Probation to identify and pre-screen foster, probation, and/or crossover youth that meet pre-eligibility requirements such as: age, selective service registration (males 18 and over only), registration with CalJOBs, and right-to-work.

2. By December 31, 2013, utilizing the State data system, CSS will produce reports to measure the status of our target goals. Thereafter, reports will be shared with the CEO, DCFS, and Probation on a quarterly basis.

    - By December 31, 2013, ensure that 350 foster, probation, and/or crossover youth are enrolled in the WIA youth program.

3. By June 30, 2014, ensure 500 foster, probation, and/or crossover youth attain either a high school diploma or GED, an occupational certificate and/or subsidized employment to attain work readiness.

    - By June 30, 2014, as part of CSS' participation in the DCFS/Probation CFT Self-Sufficiency Pilot, provide 15 CFT pilot youth with 900 hours each of

short-term paid work experience intended to introduce youth to workplace competencies.

- By June 30, 2014, ensure 50 foster, probation and/or crossover youth age 18 and over are co-enrolled into the WIA Adult program for augmented supports and services that could include additional training and advanced career development leading to high growth occupations.

DHS MAPP GOALS

By June 30, 2014, implement efforts to increase self-sufficiency of Transition Age Youth (TAY) in meeting their health care needs as follows:

1. By June 30, 2014 implement a project to engage 100 percent of TAYs identified by DCFS as aging out of the DCFS system (estimated at 1,800 youth), including CFT pilot youth, in order to empanel (assign) them to a DHS or Community Partner medical home for primary care if they do not already have an existing medical provider where they choose to continue care. In order to achieve this goal, DHS will work closely with DCFS to (a) obtain notification from DCFS of TAYs exiting the DCFS system at least 90 days prior to emancipation; (b) identify which of these TAYs do not have existing primary care; (c) connect identified TAYs without primary care to primary care; (d) facilitate care by ensuring newly empanelled TAYs from the DCFS system have first appointments set within 45 days of empanelment.

2. By June 30, 2014, implement an After Care project in collaboration with the Probation Department to ensure that 100 percent of TAY with chronic medical conditions (estimated at 100 youth), including CFT pilot youth, are connected to after-care services in the community after exiting Probation Camps. This will include: (a) identifying TAY youth who have chronic medical conditions and who lack a primary care provider; (b) working with Probation and DPSS to ensure that TAY apply for permanent health coverage; (c) arranging follow up medical appointments at DHS or Community Partner clinic sites convenient to the TAY's residence, as needed.

DPH MAPP GOALS

By June 30, 2014, DPH will improve linkages and referrals to appropriate public health services for transition age youth, including CFT pilot youth, as a means to enhance youth self-sufficiency. The deliverables include:

1. By March 31, 2014, develop a draft electronic Public Health Toolkit targeted to transition age youth, including CFT pilot youth, and staff of the Departments of DCFS, DMH, DHS, and DPH, and Probation that will provide comprehensive resource information on DPH services (e.g., clinics schedules and services, immunization recommendations, smoking cessation services, sexually transmitted disease testing and treatment services, substance abuse services, health insurance enrollment services, pregnancy and birth control services, etc.).

    - By April 30, 2014, finalize and approve the toolkit for posting on the DPH website. The leadership in DCFS, DMH, DHS, and Probation will be formally notified and requested to notify their staff, stakeholders, and transitioning youth of the value and availability of the toolkit on DPH's website. Toolkits will be made available for youth in their 90-day Transition Conferences.

    - By June 30, 2014, develop and post a web-based tutorial on the Los Angeles County Learning Net and YouTube which will explain the purpose, value and use of the toolkit; how transition age youth and CFT pilot youth can access the toolkit on the DPH website and YouTube; and provide an overview of DPH services and programs. The tutorial will be a mandatory training for all DPH staff. DPH will notify DCFS, DMH, DHS, and Probation leadership of the availability of the tutorial and recommend the Departments require the tutorial as mandatory training for their staff.

2. By March 31, 2014, ensure that all DPH Public Health Nurses (PHNs) assigned to work with DCFS and Probation receive comprehensive training on transition planning for youth with chronic medical conditions. Following the training all DPH PHNs will have a thorough understanding of all the procedural steps required to transition high-risk youth with chronic medical conditions, including but not limited to, how to develop an individualized transition plan; and how to actively link the transitioning youth to a medical home based on their specific medical needs (including social services and durable medical equipment vendors). All PHNs will complete a mandatory annual competency assessment as part of the Department's Continuous Quality Improvement (CQI) program to ensure they maintain comprehensive knowledge of the transitional planning process.

3. By June 30, 2014, report the number of transition aged youth (ages 14-21) with chronic medical conditions in DCFS and Probation who have received a medical transition plan (approximately 50 youth), with appropriate referrals, from a DPH PHN in order to support their transition into self-sufficiency.

4. By April 30, 2014, conduct an assessment of the current substance use disorder treatment provider network serving transition aged youth and establish criteria to expand the referral network of contracted providers offering quality- and outcome-focused youth services thereby reducing potential geographic access barriers for youth transitioning out of probation and DCFS care, including CFT pilot youth. DPH will also conduct informational sessions with DCFS and Probation field offices about available substance abuse services for youth transitioning out of the dependency and/or delinquency systems.

DMH MAPP GOALS

Each year approximately 2,200 age-eligible youth age-out from the Dependency and Delinquency systems in Los Angeles County. A subset of these youth have a severe and persistent mental illness. For this population, maintaining ongoing mental health services is important for two reasons: 1) remaining in treatment enables youth to benefit from the educational/vocational/social opportunities that are important in this phase of life, and 2) remaining in treatment enables youth to maintain stability in housing, which is a fundamental need. However, many youth choose not to continue with mental health services for a myriad of reasons including a desire to be independent and make their own decisions. This goal will include two core components: DMH will focus on ensuring that youth in the CFT pilot who are assisted with housing are successfully linked to appropriate mental health and supportive services to ensure they can maintain this housing and DMH will work to re-engage emancipating youth with mental illness who have chosen to leave treatment that may be important to their success. More specifically:

1. By January 30, 2014, DMH will develop a catalog of supportive housing resources available for TAY who are emancipating from the DCFS/Probation systems.

2. By March 31, 2014, DMH will designate a TAY Housing Specialist to work directly with DCFS and Probation staff in order to ensure that mental health clients are linked with supportive housing services.

3. DMH TAY navigation staff will assist 90 percent of these SPMI young adults (approximately 40 youth) with housing needs with accessing the range of housing resources available including supportive housing.

4. By October 31, 2013, DMH will meet with DCFS, Probation, and DPSS to develop a plan for accessing information that will enable DMH to follow clients who have emancipated and who may have discontinued mental health treatment.

5. Beginning in February 2014 and every six months thereafter, DMH will review internal data to determine which emancipated youth with mental health disorders continued in mental health treatment. For both the CFT clients and other emancipated youth, DMH will work with Probation, DCFS and DPSS to determine a mechanism for contacting youth referred for ongoing mental health services who refused treatment or dropped out of treatment. To the extent possible, based on information provided by Probation, DCFS and/or DPSS regarding location of these emancipated youth DMH will conduct outreach to determine the status of the youth and to attempt to link them back to treatment. DMH will compile data regarding the youth who continued in treatment. In addition, for youth who refuse or discontinue treatment, DMH will report on the number of youth contacted and the success of efforts to reengage them in treatment.

Completion of all elements of this goal by June, 2014 meets expectations.

Completion of all elements of this goal by April, 2014 exceeds expectations.

Completion of all elements of this goal by February, 2014 far exceeds expectations.

DPSS MAPP GOALS

By June 30, 2014, in collaboration with DCFS, Probation, DMH, CSS, DPH and other partners, implement the following actions to increase youth self-sufficiency:

1. Implement Departmental participation in DCFS'/Probation's CFT Self-Sufficiency Pilot in the Pomona DCFS office through the following actions:

    - Upon implementation of the CFT Pilot, provide co-located DPSS staff to actively participate in CFT meetings and provide appropriate DPSS services which could include CalFresh, health care/Medi-Cal, subsidized employment or cash programs.

    - Fund subsidized employment positions for 100 percent of youth ages 16-21 who participate through the Pomona CFT and meet income and program requirements, and place at least 70 percent of qualified youth into four to six-month subsidized employment jobs in both public and private agencies.

2. By January 2014, implement a Countywide Specialized Job Club for GROW youth 18-24 years old, that will identify and give priority to former foster care/probation youth. By June 30, 2014, will place at least 70 percent of those youth into four to six-month subsidized employment jobs in both public and private agencies.

3. By June 2014, in collaboration with DCFS and Probation, place a minimum of 25 non-CFT pilot youth, who meet income requirements, into four to six-month subsidized employment jobs in both public and private agencies.

LACOE MAPP GOALS

By June 30, 2014, implement an Individual Learning Plan (ILP) for all students leaving county probation camp schools, in order to promote youth self-sufficiency.

1. Within 60 days of a student's release from a probation camp, an ILP will be developed.

2. Within 60 days, identify stakeholders who will assist with the transition plan.

3. On a quarterly basis, audit the completion rate of initial and transition ILPs for students at all probation camp facilities.

4. Transition counselors will follow up with schools and field deputy probation officers, every 30-60-90 and 120 days following a student's release from a probation camp school.

5. Provide support to staff in the self-sufficiency pilot program and report quarterly on the number of youth for whom LACOE staff successfully resolved school issues.

By June 30, 2014, transition youth involved in the juvenile justice system to post-secondary education and/or employment.

As you can see, these departments, within their existing resources, have made a strong commitment to creating the kinds of partnerships necessary to help system youth ultimately achieve self-sufficiency. As such, with the pilot model in preparation for implementation and the departmental MAPP goals identified, this will be the final report.

If you have any questions or need additional information, please contact me, or your staff may contact Antonia Jiménez at (213) 974-7365, or via e-mail at ajimenez@ceo.lacounty.gov.

Attachment

WTF:AJ
CDM:eb

c: Executive Office, Board of Supervisors
County Counsel
Children and Family Services
Commission for Children and Families
Community and Senior Services
Health Services
Mental Health
Office of Education
Probation
Public Health
Public Social Services

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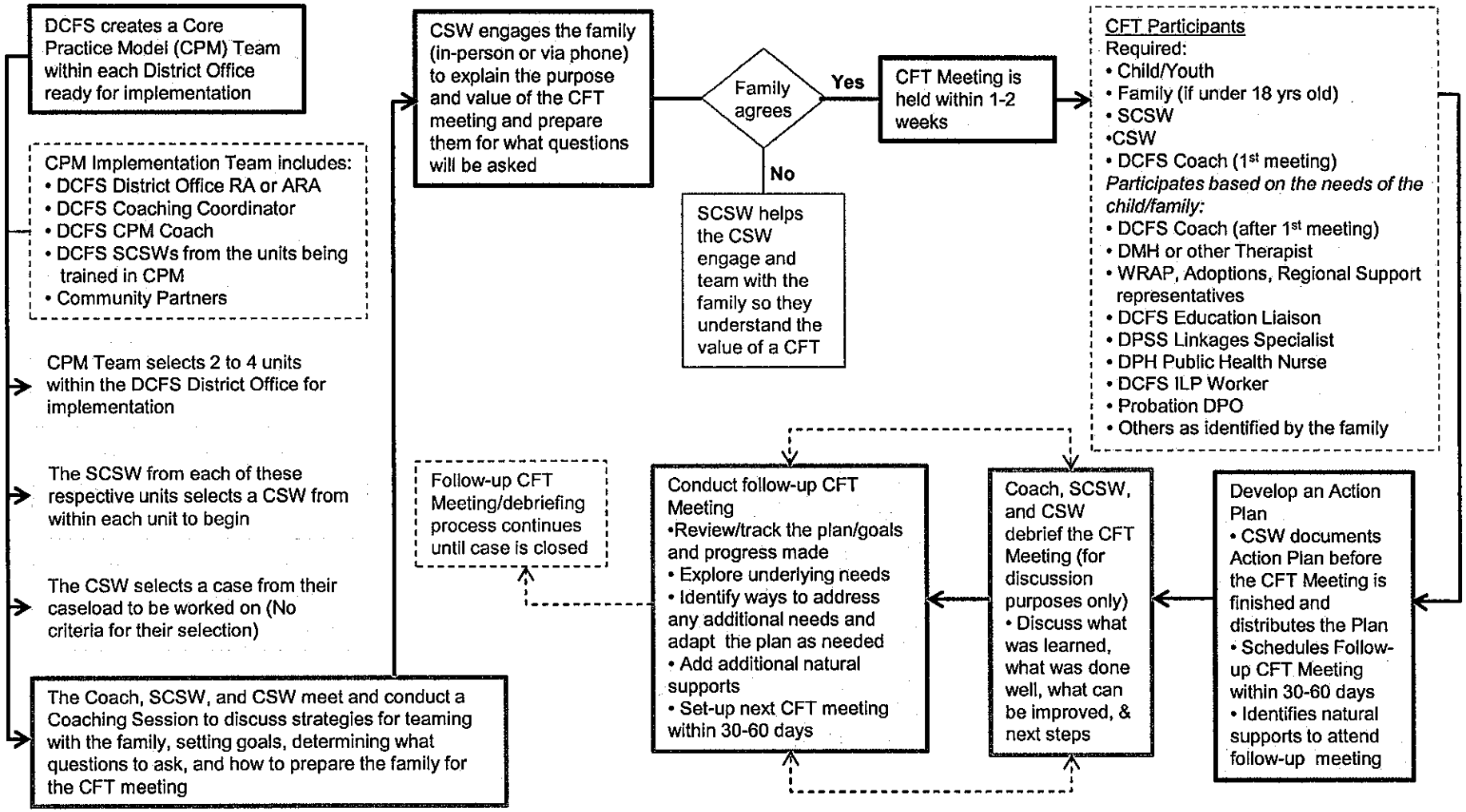
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