



Mental Health News

March 2017



LA COUNTY REBOOTS CHILDREN'S SERVICES WITH CONTINUUM OF CARE REFORM

By Kathleen Piché, Public Affairs Director

January 1, 2017, marked the start for Continuum of Care Reform (CCR), a comprehensive transformation in the foster care system ensuring youth and families more effective services and support. CCR is changing the rules of placement settings and services for foster or probation youth, building on prior initiatives to provide a comprehensive continuum of services, regardless of the placement.

CCR is bringing Los Angeles County Departments together to ensure best possible outcomes; the Los Angeles County Department

of Mental Health (LACDMH), Department of Children and Family Services (DCFS) and Probation Department are collaborating to ensure that foster youth have an opportunity to grow up in permanent supportive homes, ultimately becoming self-sufficient, successful adults.

In preparation for CCR implementation, Robert Byrd, Ph.D., LACDMH Clinical District Chief, Children's Countywide Services Division, has developed and enhanced partnerships with DCFS, Probation, stakeholders, state representatives and

neighboring counties. On the topic of collaboration, Dr. Byrd said, "It is evident that LACDMH, Probation and DCFS have a shared vision and all departments are committed to improving outcomes for youth." Byrd says that the provider network has already grown twenty-five percent. "Agencies have had to raise the intensity of treatment. Group homes must now provide trauma related, culturally relevant and linguistically appropriate services," Byrd said.

Kym Renner, Administrative Deputy for LA County Department of Children and Family Services has led the DCFS effort for CCR. "The Shared Core Practice Model focuses on being family-centered, culturally sensitive and team driven," Renner said. The Child and Family Team is a decision making model that includes the child and family's "voice and choice" throughout care. "This collaboration will ensure that youth receive services and supports that are trauma informed and culturally sensitive regardless of placement setting. It is important to note that this is an ongoing process of collaboration with the state, our partners and families to improve the continuum of care."

Karen Richardson, Deputy Director, DCFS, is the fore-runner in developing the Resource Family Approval (RFA) process in Los Angeles County. Richardson reports that a major change in

the system is the foster care rate structure. There will now be five Levels Of Care, ranging from one, youth requiring the least amount of care in a family setting, to five, for those who need the most intensive amount of care that can be managed in a home-based setting.

"The Level Of Care structure is a major shift in that funding will no longer be based on age, but rather level of services and supports needed for the child. Foster family agencies will need to establish supports and core services, including educational, transportation and specialty mental health in order to assist resource families and youth in order to meet their needs and sustain permanency," said Richardson. Foster care licensing is also changing—from a dual process through the county and state to a simplified version outlined in the RFA process.

DCFS and LACDMH will strengthen partnerships with foster family agencies to provide youth residing in resource homes with specially trained resource parents, intensive child welfare supports and specialty mental health services. Intensive Services Foster Care (formerly Intensive Treatment Foster Care) will be applied when the level of care is rated at five, the most intensive level of community based placements. In addition to resource parents, ITFC will include team members such as intensive care coordinators, in home support counselors and foster family agency social workers. The new ISFC program is intended to offer more flexibility to tailor services to the need of each child.

Resource parents will be trained and supervised by a licensed mental health professional. "Therapeutic Family Care Services will be offered as an additional service when it is

deemed medically necessary," said Suzanne Lopez, Psy.D., LACDMH Program Coordinator.

It is hoped that Continuum of Care Reform will result in an appropriate, individualized approach where children and families are driving the decisions made about their lives and future. ♦



Vision: To ensure all children and youth have an opportunity to live with a committed, permanent and nurturing family.

Goal: To maintain the family setting by offering tailored services and supports to meet the need of the individual youth.

COMPONENTS:

A Child and Family Team (CFT) – The CFT process will inform a youth's placement, mental health and support services and will be conducted as often as needed.

The Shared Core Practice Model (SCPM) – the foundation of CCR, the SCPM is the collaborative effort between DMH, DCFS and Probation that changes practice by having the child and family drive the process instead of the past professionally driven process.

Resource Families – the new name for foster families.

Resource Family Approval (RFA) – The new foster care approval process. Some of the major changes in the system include the foster care rate structure and licensing process.

Home Based Family Care – The new name for foster homes; foster families have been renamed Resource Families which includes foster, relative and adoptive caregivers. DCFS hopes to expand the number of resource families in order to increase opportunity for youth to grow up in home based family care.

Levels of Care (LOC) – Rate structure is now 1-5, one being least amount of care needed by youth to five being the most intensive need.

Foster Family Agencies (FFA) - Providers for foster youth.

Intensive Services Foster Care (ISFC) – Intensive Treatment Foster Care has been transformed into Intensive Services Foster Care, which will provide intensive services and supports to youth in home based family settings.

Therapeutic Family Care Services (TFCS) – Rehabilitative services provided by specially trained Resource parents who will claim to Medi-Cal for behavioral rehabilitation services (collateral, plan development and individual rehabilitation) provided in their home.

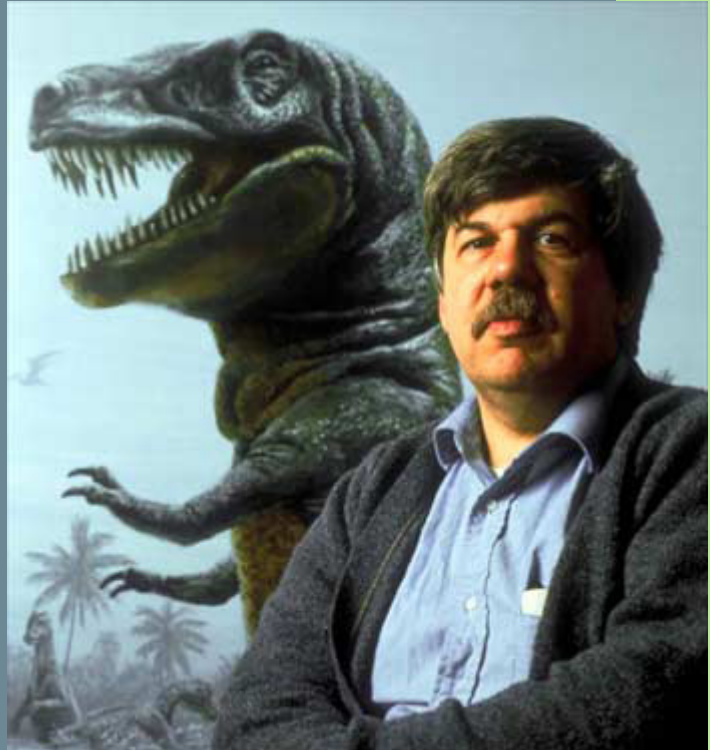
Short Term Residential Therapeutic Program (STRTP): Short-term residential placement for clients who meet medical necessity that provides integrated treatment program with specialized services, intensive care and supervision, services, supports, treatment, and 24 hour supervision.

REFLECTIONS

The Mismeasure of Man

We pass through this world but once. Few tragedies can be more extensive than the stunting of life, few injustices deeper than the denial of an opportunity to strive or even to hope, by a limit imposed from without, but falsely identified as lying within.

- Stephen Jay Gould, Ph.D.



In my almost two decades of public health research, no other quote impacts my daily professional imperative, vision and mission of public service. The opening sentence clearly identifies and describes an universal truth for me, one that requires us to carefully seek testable, but incomplete truths for the public good, while simultaneously doing no public harm, as we all pass through this world but once... Because mismeasurement is also an omnipresent concern in science, and because data-driven decision making is discernibly efficient, and potentially effective decision-making in a publicly-financed service delivery and recovery-oriented Mental Health Program such as LACDMH, my goal as a public research analyst remains the stable provision of high quality and empirically-based information generated from clinical and programs' databases. This is how I attempt every day to make Stephen Jay Gould's closing sentence part of my daily professional endeavor.

It remains my hope that by being careful while efficient in my work of transforming data into information that I am contributing in a small way to our overall program of reciprocal collaborations designed to enhance client care and facilitate revenue management operations that are always focused on LACDMH's written goal of Hope, Well-Being and Recovery for our residents presenting with mental health complaint. This is how Stephen Jay Gould's quote impacts my daily public service.

Contributed by Anthony Ramirez, M.P.A. , CSOC

We welcome submissions of inspirational quotes, poems or passages from LACDMH employees for future editions of Mental Health News. Please send yours to pio@dmh.lacounty.gov.

LACDMH DIRECTOR VISITS REGIONAL CLINICS, ATTENDS SERVICE AREA ADVISORY COMMITTEE MEETINGS

By H. Chung So, Public Information Officer II



As part of an ongoing effort to better address the diverse mental health needs and challenges of our communities, LACDMH Director Jonathan Sherin, M.D., Ph.D., has been touring the eight LACDMH service planning areas, connecting with staff at community clinics and attending the Service Area Advisory Committee (SAAC) meetings.

Sherin began this tour in Service Area 6 (South Los Angeles region) and is expected to visit all eight areas by early May.

"The grassroots information and data from these meetings is crucial in helping LACDMH identify priorities, make recommendations and guide us in improving mental health at each region and countywide," Sherin said.

Sherin visited clinics and spoke

with clients, staff and management to learn about the strengths, obstacles and resources available in each service area.

He then attended each service area's SAAC meeting and outlined his mission, vision and strategy for LACDMH. Afterward, he answered questions about mental health and the department from the SAAC meeting attendees, which included clients, advocates and healthcare providers.

During the Q&A sessions, Sherin repeatedly emphasized the need to reduce stigma and other barriers to accessing mental health services.

Sherin also spoke of various ways to improve LACDMH's services and resources for the different county regions it serves, including:

- Identifying and reducing disparities in mental health wellness, care and outcomes
- Providing culturally-and linguistically-relevant services for the county's diverse populations
- Evaluating and improving quality-of-care for LACDMH's directly-operated and contracted service providers
- Finding opportunities to provide care that is more convenient for clients, such as opening new clinics, partnering with local care providers or with at-home/telemedicine services.
- Ensuring that justice-involved individuals with mental challenges are getting appropriate medical evaluations, interventions and

advocacy

- Partnering with law enforcement agencies to peacefully de-escalate situations when engaging people with mental illnesses
- Collaborating with schools, community clinics and faith-based organizations on prevention, evaluation and intervention initiatives

Additionally, Sherin said he will continue to visit the county's various regions to gauge progress and respond to issues, and that he is continually open to feedback from the community about LACDMH.

"I encourage people to speak freely, honestly and respectfully so that we can better serve our mission," Sherin said.

The SAAC committee members also encourage people to share comments and feedback with them at the committees' monthly meetings, which are open to the public. For more information about each SAAC and their meeting schedule, visit <http://bit.ly/LACDMHSAAC>. ♦



**Los Angeles County Department of
Mental Health, Public Information Office**

550 South Vermont Ave., 6th Floor
Los Angeles, CA 90020
<http://dmh.lacounty.gov>

Editor-in-Chief:

Kathleen Piché, L.C.S.W.,
Public Affairs Director

Contributors:

Ebony Campbell, STC/PIO
H. Chung So, PIO II
Vienna To, Graphic Arts Aid/PIO

E-mail: pio@dmh.lacounty.gov

Fax: (213) 383-8234.

Social media:

