



County of Los Angeles

Department of Children and Family Services

Department of Mental Health

Katie A. Program Overview

(Programs are listed alphabetically)

December 1, 2008

ADOPTION SAFE FAMILY ACT (ASFA)

Program Description:

The ASFA section completes the initial and annual reassessments of potential relative and non-related extended family member (NREFM) caregivers. An initial assessment is also required every time a relative or NREFM caregiver moves, or if children are replaced into a different relative home. Upon receipt of the referral, the ASFA Section will assign the assessment to an ASFA CSW located in the Regional Office/s, who will complete the assessment, and provide follow up regarding corrective action plans. Once the assessment is completed, the results will be communicated to the Case Carrying CSW for placement decision.

Status of Implementation:

The ASFA regulations became effective on March 27, 2000.

CHILDREN'S SYSTEM OF CARE (CSOC)

Program Description:

CSOC is designed to serve children, youth and their families with intensive mental health needs who are at risk of out of home placement or placement in a higher level of care. Families and their children (ages 3 –18) are eligible for SOC.

Status of Implementation:

Children's System of Care is currently available in Service Areas 2 thru 8.

COORDINATED SERVICES ACTION TEAM (CSAT)

Program Description:

A CSAT will be organized to accomplish the following: ensure the consistent, effective, and timely screening and assessment of mental health needs across all populations of children served by DCFS; coordinate staff who currently link children to services within and across offices; and to systematically preview capacity, access and utilization to current and future services. For the most part, existing resources within each Regional Office will form CSATs and be organized to electronically receive needs-based referrals, link children and families for appropriate services, and enter the results into the Family-Centered Services (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 and to coordinate with the case carrying CSW to ensure the most appropriate service linkage. The CSAT will be located in each Regional Office and will be the primary system experts or navigators assisting CSWs to rapidly link children and

families to needed services providing a strong complement to Intensive Services Workers (ISWs) and the Points of Engagement (POE) model.

Status of Implementation:

SPAs 1, 6, and 7 will pilot the CSAT and Referral Tracking System beginning March, 2009 in SPA 7. The countywide rollout will occur following a thorough assessment of the efficacy of the CSAT within those three SPAs. Hiring for key CSAT positions in these SPAs commences in March 2009.; training curriculum will be finalized by February 2009 in order to begin the training and rollout of the CSAT as follows: SPA 7 will be trained in March 2009; SPA 6 Wateridge and Vermont Corridor will be trained in April 2009, SPA 6 Compton will be trained in May 2009; and SPA 1 will be trained in June 2009. Implementation in these Regional Offices will be closely monitored for 6 months, and adjustments/corrections will be made as necessary to inform the countywide rollout of the CSAT.

**DEPARTMENT OF MENTAL HEALTH SPECIALIZED FOSTER CARE
CO-LOCATED STAFF**

Program Description:

DMH staff is co-located in each DCFS regional office. The program is dedicated to providing family-centered home-based mental health services to infants, children, youth and their families who are in or at risk for out-of-home placement. Mental health assessments and therapeutic intervention are provided by psychologists and psychiatric social workers. These clinicians work closely with children's social workers, children, youth, extended families, foster parents, school staff and agencies to ensure that comprehensive care is provided, with continuity of care and rehabilitation goals.

Status of Implementation:

At this time, DMH has co-located staff in the majority of the DCFS regional offices or has provided staff dedicated to a DCFS office. DMH is in the process of realigning the existing co-located workforce to have more consistent staffing across offices.

D-RATE

Program Description:

DMH and DCFS employ D-rate case managers and D-rate evaluators who provide ongoing oversight of services 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 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.

Status of Implementation:

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.

EDUCATIONAL LIAISON

Program Description:

Education Consultants are contracted credentialed teachers or administrators that provide focused and knowledgeable advocacy to serve the more challenging educational needs of our youth, such as special education assessment and planning (IEP), disciplinary actions, enrollment, academic and behavioral issues.

Status of Implementation:

Effective 12/8/08, there will be 15 Consultants contracted serving all 19 DCFS regional offices.

FAMILY PRESERVATION

Program Description:

The Family Preservation Program provides a wide range of community-based support services (including mental health) to participating families, with the goal of reducing out-of-home placement for children at risk of child abuse, neglect, and juvenile delinquency. These services are designed to keep children and families together in a safe, stable, and nurturing environment by assisting them to develop skills that improve family, school, and community functioning.

Status of Implementation:

Family Preservation is currently available Countywide.

FULL SERVICE PARTNERSHIPS (FSP) CHILDREN

Program Description:

The FSP program is for children ages 0-15 and their families who would benefit from, and are interested in participating in, a program designed to address the total needs of a family whose child (and possibly other family members) is experiencing significant emotional, psychological or behavioral problems that are interfering with their wellbeing. The FSP program provides comprehensive, intensive mental health services for children and their families in their homes and communities.

Status of Implementation:

Full Service Partnerships has been implemented countywide since 2005.

FULL SERVICE PARTNERSHIPS (FSP) TRANSITION AGE YOUTH

Program Description:

The FSP Program is designed for Transition Age Youth ages 16-25 who could benefit from and are interested in participating in a program that can help address emotional, housing, physical health, transportation, and other needs that will help them function independently in the community. The FSP program provides comprehensive, intensive mental health services for individuals in their homes and communities.

Status of Implementation:

Full Service Partnerships has been implemented countywide since 2005.

INTENSIVE IN-HOME MENTAL HEALTH SERVICES PROGRAM (IIHMHS)

Program Description:

IIHMHS was developed by the Los Angeles County DMH and DCFS to provide comprehensive therapy to children and youth in the child welfare system. The types of therapy available through the Intensive In-Home Mental Health Services Program are evidence-based and were selected from the best evidence-based practices (EBPs) currently available. The EBPs selected are Incredible Years (IY), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and Functional Family Therapy (FFT), Multisystemic Therapy (MST) and Multidimensional Treatment Foster Care (MTFC). MST is a type of therapy that helps adolescents ages 12-17 who have severe anti-social and delinquent behaviors. MST is delivered in a youth's natural environment, which means that therapists go to the home, school, and community to work with the people who are part of the youth's world. MTFC is an alternative to group care for youth ages 12-17. It provides short-term treatment in a specialized foster home environment.

Foster parents are specially trained in the MTFC model. While the youth is in individual treatment, their permanent caregivers receive behavior training. The youths and their permanent caregivers also receive family therapy before & after the youths are returned home. Comprehensive Children's Services Program (CCSP) provides 24/7 intensive case management for children ages 3-17, as well as access to one or more of the following evidence-based practices. Incredible Years is a type of group therapy for children ages 3-12 with behavioral and emotional problems. It promotes social and emotional competence, and strengthens family relationships. Trauma focused Cognitive Behavioral Therapy is intended for children ages 4 - 17 who have experienced a significant traumatic life event. It provides short-term treatment that involves individual sessions with the child and parent as well as joint parent-child sessions. Functional Family Therapy is intended for at-risk youth ages 10-17 and their families. Youth with violence, drug abuse/use, conduct problems and family conflicts. Treatment consists of family therapy with parents or caregivers, the adolescent, and any siblings who are old enough to participate.

Status of Implementation:

Intensive In-Home Mental Health Services are currently available in Service Areas 6 and 7. The programs will be expanding to Service Area 1 in early 2009.

LINKAGES

Program Description:

The Linkages Program is service collaboration between DCFS and DPSS. Implementation of Linkages currently consists of four strategies to promote service coordination between DCFS and DPSS aimed at enhancing the outcomes of families involved in Child Welfare and CalWORKs/other income assistance programs. The four strategies are: (1) The co-location of DPSS Linkages GAIN Services Workers (LGSWs), which aid in the integration of CalWORKs expertise into DCFS Team Decision Making Meetings and enables DCFS Children's Social Workers (CSWs) to consult with the LGSW in their office regarding individual case issues where DPSS programs could be relevant to assisting the family; (2) Implementation of the Linkages Screening Tool (DCFS 5122), which evaluates potential eligibility of families or individuals to DPSS programs; (3) Enhanced service coordination for eligible DCFS families simultaneously involved in CalWORKs/GAIN and Family Reunification Services (AB 429); and (4) Enhanced service coordination for DCFS families receiving Family Preservation Services and eligible for CalWORKs/GAIN. Two other Linkages strategies are under development, which would improve the coordination of services for homeless families as well as CalWORKs sanctioned families currently being served by both departments. In addition, we are working to enhance access to CalWORKs for relative caregivers through greater integration of DPSS eligibility staff at the Kinship Support Centers.

Status of Implementation:

Linkages began with the Pilot Offices (aka: Cohort 1): San Fernando Valley (previously North Hollywood), Metro North, and Torrance. Cohort 2: Wateridge, Santa Clarita, Lakewood, Pomona and Vermont Corridor. Santa Fe Springs is expected to launch in early December 2008. The rollout schedule for the rest of the Regional offices is as follows: Cohort 3: SFS, Belvedere, Compton, Cohort 4: Palmdale, Lancaster, Pasadena, and Cohort 5: West Los Angeles, Glendora, El Monte.

MEDICAL HUB SYSTEM

Program Description:

Under the leadership of DCFS, and with the assistance of the Departments of Health Services and Mental Health, a countywide Medical Hub System has been developed to create better outcomes for children by providing expert medical examinations and care. The six Medical Hubs will provide Initial Medical Exams, Forensic Exams, the latter as determined needed and mental health screenings for DCFS served children who are newly detained. Initial medical examinations are to be conducted within the first 72 hours of detention for high risk children and children 0-3 years of age; all other children are to have their Initial Medical Examination within the first 30 days on initial placement following detention.

Status of Implementation:

The newly detained population targeted to be served by the Hub Program has averaged 712 new court detentions per month (July 2007 – June 2008). Approximately 69.04 % (492 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. A seventh Hub in the San Gabriel Valley (MacLaren) Satellite Hub is scheduled to open the first quarter of 2009.

MULTIDISCIPLINARY ASSESSMENT TEAM (MAT)

Program Description:

MAT is an exciting collaboration between DCFS, DMH and the DMH contracted community service providers. MAT program is designed to ensure that all of newly detained children receive immediate and comprehensive assessment and appropriately link to services within 45 days of being detained. The comprehensive MAT assessment focuses on the following key areas: mental health, physical health, developmental

milestones, hearing/ language development, caregiver and family of origin, and educational and vocational needs. The assessment is intended to identify special needs a child may have and identify parental issues that place the family in danger of a lengthy separation. The information gathered for the MAT assessment will be used to determine what services are most needed by the child with the intention of using the information for the most appropriate placement of the child while ensuring the child's needs are met.

Status of Implementation:

More than 1,400 MAT cases have been completed to date with high-model fidelity and customer satisfaction ratings. More than 600 MAT cases in SPA 6 and 450 in SPA 3 will be completed by the end of Fiscal Year (FY) 2007-08. Currently, approximately 60-75% of all newly detained MAT eligible children in SPAs 3 and 6 are assessed through MAT. Once the DCFS Command Post staff is trained and provider capacity has been met, MAT assessments should significantly increase in SPAs 3 and 6 to 100 percent of newly detained cases that are MAT eligible. SPA 6 ERCP cases are now being incorporated in the MAT case assignment process. SPA 1 providers have been trained and currently awaiting contract amendments before MAT can be implemented. It is expected that MAT will be implemented in SPA 1 by February 2009. SPA 7 providers have been identified and will be trained later this month. SPA 7 provider contracts have been signed, and it is expected that SPA 7 will begin MAT implementation by early December 2008. SPAs 4 and 5 are forecast to begin MAT provider selection, contract amendments and joint MAT orientation training in December 2008. SPAs 2 and 8 are slated to begin implementation activities in November 2008. Countywide implementation of the MAT Program is planned for FY 2008-09 to ensure 100 percent of all newly detained children are assessed through the MAT Program.

PARENTS IN PARTNERSHIP (PIP)

Program Description:

PIP Parenting Program is comprised of a committed group of parents who have successfully reunited with their children, and are working with DCFS to support parents newly involved with DCFS. This team of parents were trained by the Annie E. Casey Foundation and partnered with DCFS to provide orientation classes to DCFS involved parents to educate them regarding their rights, how to navigate through the Child Welfare System, and how to work towards reunifying with their child(ren). Parents provide insight at various meetings, participate as panelists on MAPP groups, and conduct DCFS and Juvenile Dependency Court Orientations with staff; additionally they maintain an info line at the offices.

Status Implementation:

The program is currently being implemented in four offices: Palmdale, Lancaster, Lakewood and Belvedere. Implementation in these Regional Offices is being closely

monitored so that any adjustments/corrections can be made as necessary before countywide rollout of the program.

PERMANENCY PARTNERS PROGRAM (P3)

Program Description:

In an effort to assist workers in finding legally permanent homes and connections for older youths currently residing in placements that are not categorized as “legally permanent,” a P3 children’s social worker (CSW) is paired with a youth with the goal of establishing one or more adult connections, often times someone the youth knows or knew in the past—with the goal of reunifying the youth with his family or moving the child out of long term foster care and into adoption or legal guardianship.

Status of Implementation:

More than 2,000 youth have been served by the P3 since its inception in 2004. In 2005, the P3 Program went Countywide, using retirees and part-time CSW staff as the P3 workers.

PUBLIC HEALTH NURSING (PHN)

Program Description:

The goals of the PHN program are to improve the overall health of children served by DCFS, to improve the quality and increase the continuity of health care for children served by DCFS, to increase awareness of Children’s Social Workers and Caregivers of the need to provide for the health care needs of children served by DCFS and to improve the collaborative efforts in case management of health-related issues between providers, caregivers and Children’s Social Workers.

Status of Implementation:

All Regional offices currently have DCFS and Department of Public Health (DPH) PHNs on staff.

REGIONAL CENTER (RC)

Program Description:

County departments and Regional Centers are committed to work collaboratively to enhance communication and organizational effectiveness to provide responsive, appropriate, and high quality services that help achieve the county’s five outcome for

children and families: good health, safety and survival, economic well-being, social and emotional well being, and education and workforce readiness. Departments/Agencies will partner with families and communities in support of delivering services that are strength-based, family-focused, culturally competent, and tailored to address the unique and individual needs of persons with the developmental disability and their families.

Status of Implementation:

The Office of the Medical Director has developed “Regional Center Teams (RCT)” to assist the CSW and DCFS Administration with addressing the concerns, issues and needs of a child who have or may have a developmental disability. The RCT in each office is comprised of the DCFS Regional Center Liaison, D-rate Representative, Public Health Nurse, and County Counsel. The DCFS Regional Center Liaison is appointed by the Regional office and serves as a consultant to the Regional office.

RESOURCE MANAGEMENT PROCESS (RMP)

Program Description:

RMP is integrated into the TDM process. This TDM will be referred to as RMP. The RMP is a family-centered, multi-departmental, integrated approach to identifying, coordination and linking appropriate resources/services to meet the needs of children currently in, or at risk of a RCL 6 through 14 placements. The RMP will utilize existing and planned DMH intensive in-home mental health services programs, including Multidimensional Treatment Foster Care (MTFC), Multi-systemic Treatment (MST), Comprehensive Children’s Services Program (CCSP), and DCFS’ intensive services, including Wraparound, Intensive Treatment Foster Care (ITFC) and RCL 6 and above group home care. The RMP will consist of four major elements. First, it will enhance the TDM process for children at risk of a potential placement move. Second, the child’s strengths and needs will be assessed using the Child and Adolescence Needs and Strengths (CANS) tool by a Resources Utilization Management (RUM) staff member and a DMH clinical psychologist. Third, the family will be informed of the services available to them before the meeting and are encouraged to help make the decision. Fourth, the services identified by the family and the team will be approved and linked by a team member and the CSW. In addition, the RMP will link children and families with intensive mental health service needs to planned Child and Family Teams and intensive home-based services programs.

Status of Implementation:

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. During December 2008, the use of TDMs will be expanded by mandate to include all situations in which children are at risk of being or placed or replaced into an RCL 6-14 group home or are being considered for Wrap, SOC, MTFC, ITFC or FSP.

RESOURCE UTILIZATION MANAGEMENT (RUM)

Program Description:

The RUM liaison provides resource support services to regional staff when locating appropriate placement and treatment services for children and youth with specialized needs. RUM liaisons are assigned to each of the eight Service Planning Areas (SPAs) and Specialized Programs and work closely with regional staff to identify children and youth who are experiencing interrupted permanency planning because of multiple placements and psychiatric hospital admissions as well as children and youth who are at-risk for placement disruption. The RUM liaison's primary goal is to preserve and prevent displacement of the child if the placement is appropriate, keeping in mind that the child does best in the least restrictive setting with services that address his/her needs and builds upon his/her strengths.

Status of Implementation:

There are a total of 30 RUM staff, assigned to each of the eight SPAs.

SERVICE LINKAGE SPECIALIST (SLS)

Program Description:

The Service Linkage Specialist (SL Specialists) will be responsible for tracking all activities of the CSAT, including gathering, analyzing and producing data reports to the local DMH and DCFS managers. They will act as the CSAT Lead (with the DCFS MAT Coordinator as their back-up) and the system navigators and resource coordinators for non-EPSTD eligible children in the Regional Offices. The SLSs will oversee, direct, coordinate, and link staff and hold regular team meetings between all members (DCFS MAT Coordinator, DCFS RMP TDM and Resource Management Program staff, DCFS RUM Co-located Staff, DMH SFC and RMP Co-located staff, DCFS D-rate Clinical Evaluator, Wraparound/ System of Care Liaison, DPSS Linkages staff, DCFS and DHS Nurse, DCFS Educational Consultant, DCFS Youth Development Coordinator, DCFS P3 staff, and DCFS ASFA and co-located staff) of the CSAT, ensure timely assignments to members of the team, arbitrate conflicts within the team, act as consultant to team members, and communicate policy and institutional barriers to service delivery to both Regional Administration and the Office of the Medical Director.

Status of Implementation:

SPAs 1, 6, and 7 will pilot the CSAT and Referral Tracking System and provide additional insight regarding where revisions need to be made before launching a countywide rollout. Hiring for key CSAT positions commences in March 2009; training curriculum will be finalized by February 2009, in order to begin the training and rollout of

the CSAT as follows: SPA 7 is trained in March 2009; SPA 6 Wateridge and Vermont Corridor are trained in April 2009, SPA 6 Compton is trained in May 2009; and SPA 1 is trained in June 2009. Implementation in these Regional Offices will be closely monitored for 6 months, and adjustments/corrections will be made as necessary to inform the countywide rollout of the CSAT.

TEAM DECISION-MAKING (TDM)

Program Description:

TDM is a collaborative meeting process designed to produce the best decision concerning a child's safety and placement through the joint contributions of family members, community partners, service providers, caregivers and other support networks. TDM staffs provide a vital link to the Coordinated Services Action Team (CSAT) by connecting children and families to mental health services and other supportive resources, particularly in the case of replacements, reunifications, and returns to home. TDMs operate on the premise that the well-being of a child is best served by an inclusive collaboration and consensus of shared ideas and opinions in support of the child and their family. When possible, the family and community's strengths are used to form Safety/Action plans that will enable children to remain safe or immediately return home with appropriate services. When this is not possible, plans are made that reflect the most appropriate, least restrictive placement for each child that will both keep the child safe, and preserve and nurture the child's family and community connections. The TDM meeting is a sharing of all information about the family which relates to the protection of the children and functioning of the family (including all relevant Structured Decision Making tools). The goal is to reach consensus on a decision regarding placement and/or to make a Safety/Action Plan, which protects the children and preserves or reunifies the family.

Status of Implementation:

Los Angeles County currently has 76 full-time facilitators countywide, which is up from 26 facilitators that were available in 2004. They conducted over 10,000 Team Decision Making (TDM) meetings last year (7/1/06 to 6/30/07), impacting over 21,000 families. Removal TDMs are the only TDMs that are mandatory at this time. The county reports that it provides a TDM for every potential detention. Earlier this year, DCFS hired 14 TDM facilitators to specifically focus on youth in group homes and youth that have been in out of home care for more than two years. On December 1, 2008, DCFS will mandate a replacement TDM for every youth currently in, or at risk of being placed in a RCL 6 or above group home. For this select population, DCFS will implement the Resource Management Process (RMP), which will require the completion of the Child and Adolescence Needs and Strengths (CANS) and the involvement of DMH in the decision-making process. Eight more TDM facilitators are being hired to provide TDMs at ERCP or within 72 hours of taking a child into temporary custody. In addition, a

Children's Services Administrator (CSA II) is being hired to act as TDM central administrator.

WRAPAROUND

Program Description:

Wraparound is an integrated, strength-based, family and community centered approach designed to stabilize children into long-term and permanent settings with the support of specialized comprehensive services. It includes a commitment to create a Child and Family Team to develop and implement uniquely tailored Plans of Care that include the strategies, services and supports to provide "whatever it takes" to address the needs of the child and family in order to maintain the child in a safe, nurturing, permanent community-based setting.

Status of Implementation:

Wraparound services are currently available countywide for children in or at imminent risk of RCL 10 placements or above. Through the Strategic Plan, Wraparound will be expanded by an additional 2800 slots. Services will be available to DCFS children with intensive mental health needs who do not meet the criteria for the current Wraparound program.