Katie A. Strategic Plan: Log Event

Davidson Executive Conference Center

3415 South Figueroa St. Los Angeles, CA 90089

Monday, December 01, 2008 9:00 a.m. – 4:00 p.m.

SPA-1
Facilitator: Kim Tso
Plan Experts: Lisa Sorensen and Bryan Mershon

I. Mental Health Screening and Assessment

1. Need for uniform training to complete tool
2. What is the timeline for implementation?
3. Questions about specific procedures
4. Cultural competency components: training, assessment
5. Who is doing tracking?
6. Date of issuance will be challenge
7. Need to work closely with eligibility staff
8. No co-located eligibility staff and lack of space
9. Challenges getting services for undocumented
10. Tracking should also include who doesn't get service
11. Which indicators for success/ out of suit
12. Little can be done now: referrals and links, but by paper/pencil
13. What happens after exit the suit?
    a. Decade to exit?
    b. Strategic plan aims for 5 years
14. How do we collect data that doesn't come back?
15. Missing info between DCFS and DMH
16. More meaningful data included
17. Make medical info understandable to others
18. Need more details on what will be collected
19. Permissions/access between departments

II. Mental Health Service Delivery

1. Hiring ahead or behind?
2. Do we have capacity? No, don't have it now; starting at service deficit
3. Need companion services (adults, etc.)
4. Might be able to develop family services
5. Recruitment and retention of <u>providers</u> in Antelope Valley
6. Co-located staff getting more load, not less, waiting list grows
7. <u>Cross-SPA placements cause even more scarcity of resources: money follows child as method of resource distribution</u>
8. Will identified placement homes be SPA dedicated?
9. Permanency is a challenge
10. Work well with co-located staff particularly front end
11. Training for foster parent
12. Good relationship with community providers
13. <u>Very limited</u> bi-lingual services
    a. Feels non-existent

   b. High turnover, long wait
14. Overwhelm and lack of clarity at roles from client perspective
15. Will caseload reduction mean that services better coordinated, less overlap
16. Focus on what each team member does
17. CSW bears responsibility in this team-approach
    a. Acting as case manager
    b. How will new ones learn quickly
        i. Lack of experience and familiarity with available resources
            (i) Training needed
18. New services available all at once and fast, changes
19. HR need to be part of process
    a. Focused hiring, loan repayment programs
20. Constant obstacles
21. Retention of workers in SPA 1
22. Higher pay for Lancaster
23. Data being centralized in future, and ancillary systems
24. User-friendly for social worker
25. Referral system, training needs to be simple and streamlined
26. Transportation is challenge, to get to services: inefficient transit system
27. No room to work in, can' always be in the field
28. Co-located staff need office space "Marty's Nissan"; treatment room
29. Capacity: to service the parent

III. Overall Implementation

1. Train them at the beginning: the Academy
2. Follow-up after training
3. Less theory, more application
4. Practical knowledge
5. Specializing CSWs, depends on role: ongoing relationship with Mental Health
6. Communication and collaboration hindered by laws re: privacy/confidentiality/HIPPA
    a. Training
    b. Developing consent of release
7. Data: read versus input data
8. <u>SPACE, equipment: people and records</u>
9. DCFS: go paperless and form-less, electronics submission
10. ARAs have too much to do, responsible for
11. More administrative help for Katie A. implementation
12. Reduce for supervisors, no access to
13. Closed and old records from Sacramento: electronic communication, status of this

IV. Summary

1. Established and good working relationship between DCFS and DMH
2. Space
3. Cross-SPA placements
4. Service provider capacity
5. Training, recruitment, retention

SPA-2
Facilitator: Veronica Carrizales
Plan Experts: Navy Tiv, Lisa Fink, Donna Fernandez and Gary Puckett

I. Mental Health Screening and Assessment

A. Strengths
1. Santa Clarita – co-located staff in place (San Fernando)
2. DMH and DCFS staff working closely
3. Close relations with community providers

B. Weaknesses
1. Line-supervision large territory falling through the cracks
2. Screening responsibility of DCFS worker
   a. Learning curve
   b. Training and work load impact
3. Objective review of process: screening
4. Worker resistance to new process: stigma liability {circled points underlined for emphasis}
5. Copy of screening tool in packet
6. Amount of time into screening
7. False negatives in tool
8. What level of Mental Health services available
9. Is there time to reassess in different phase?
10. Dealing with out of county kids in adoption
11. No direct questions to kids in screening tool
12. How important is screening tool?
13. Training on the tool
14. Understanding tool and difference between tool and assessment

II. Mental Health Service Delivery

A. Strengths
1. Co-located/Navigators staff able and willing to help (TDM expedite services)
   a. Instant stabilization for family by MAT
2. System navigators covering needs – services in interim
3. **Excellent providers – being trained {**extra emphasis}
4. Service providers going to TDMs
5. Knowledge on waiting lists and openings
6. OPSS linkages workers!

B. Weaknesses
1. No assessment money per adult

2. Non-documented kids and adults not getting services (medical)
3. Level of therapeutic intervention minimal
4. Non-medical eligible kids not getting services
5. Disenrollment from HMO
6. Can't help private insurance kids
7. Can't comply with court order if no insurance

III. Data Collection

A. Children detained
B. Need
   1. Screening – Collecting HUB (going well)
   2. Assessment – Not implementing MAT
   3. Service Linkage:
      a. Tracking
      b. Family preservation
      c. WRAP Around
      d. FSP
      e. DMH
      f. SOC
C. Problem – not knowing how many slots available
D. No regular meetings: LION (?)
E. Manual tracking systems not being shared and not the same
F. Lower-level children lower level mental health services needed
G. More severe mental health serviced by incorrect agencies case supervised by DMH instead of DCFS
H. How do we get to individualized responses?
I. Work with Ed. System weak
J. Outcomes of the case

IV. Overall Implementation for SPA and County

A. Regional processes support and enhance intradepartmental teams?
   1. TDMs working well
   2. LION (need it for SPA 2)
   3. Parent advocates involved in RNPs- beneficial
   4. Need immediate help for relative caregivers services prior to MAT
   5. MAT process 45 days?
   6. Support relative caregiver
   7. Monthly meeting DCFS and DMH to discuss cases
   8. Need more information on MAT:
      a. What it is?
      b. How it works?

9. Private insurance kids
10. Develop system navigators need to coordinate work in service area
11. Where is CSAT in the process?
12. Confusion of labels, example: CSAT
13. Cultural and linguistic challenges on top of this new system

SPA-3
Facilitator: Alexis Moreno
Plan Experts: Angela Shields and Dr. Sophy

I. Mental Health Screening and Assessment

A. What systems, resources, relationships that will help (your) SPA 3 to implement mental health screening and assessment per Katie A?
   1. Parent Advocates through DMH Pomona office – Parents see process as adversarial
   2. Need parent advocates not part of system
   3. Space and logistics co-location critical especially near ER
   4. Number of co-located staff at each location?
      a. Appropriate staffing levels
   5. Pasadena- changing programs and lack of information and communication relationships are already built
   6. Covina Annex– 9 languages, 4 spec. programs; countywide services, competition for space
   7. Pomona – Tri-City is mental health provider
      a. When do we bring them in?
         i. SPA 7 included in training integrated in LIONs meeting already
            (i) Don't overwhelm providers
   8. What is plan to integrate providers?
   9. Relationships: Bring knowledge of each office about providers into process of integrating partners into Katie A. Providers
   10. SLS =DCFS

II. Timeline issues, re: issues of duplication

1. User-friendly, accountable, available, resources for CSWs
2. HPPHA laws, info. Sharing barriers
3. Pomona – out of county placements how do we keep children connected to services?
4. SLS position – role, level position, how many, background?
5. DMH Manager – tension around staff resources (especially seasoned staff) to cover all programs

III. Mental Health Service Delivery

1. What will help our SPA implement Katie A. service delivery?
2. Non-Medical eligible kids and families undocumented
3. Need to be creative to find resources parents need mental health services
4. Barrier of working parents with insurance
5. Quality of care provider reviews of services especially for those cycling in and out
6. Payment issues especially regarding Medi-Cal, and those with HMOs
7. Staff turnover at providers, educating provider staff especially regarding Wraparound
   a. Accountability

8. Training regarding paradigm shift regarding roles of DCFS staff
9. Using co-located staff more effectively
10. Engaging families
11. Communication from upper management to providers
    a. Substance regarding performance and allocations
12. Performance-based contracting?
13. Wraparound parent advocates
    a. Are they best qualified?
    b. Role of support?
    c. Training?
14. Youth aging out of system with ongoing support?
    a. Staff don't know which resources, limited TAY slots
    b. Create more options with providers? Example: housing
    c. YDS
    d. Kids need to be homeless before they have access to THP
    e. Eligibility issues for transition age youth

IV. Data Collection Challenges?

1. What is RTS?
2. Communication with Med services
3. Track timeliness of service delivery is important
4. Can RTS help track success, services by service provider?
5. Exit survey or client satisfaction feedback from families?
6. Use parent advocates in this role?
    a. Need evaluation tool
7. Service delivery for Regional Center Teams – role and access services?

V. What support for intradepartmental teams?

1. Training
2. Team-building
3. Day of training outside office
4. Trust between departments
5. Expand LION network

VI. What is helpful to flow information between SPA – level processes and countywide?

1. Regular meetings to learn what is going on
2. Website=blog
3. Have line staff attend meetings with administrators
4. Newsletter

VII. Useful ways to promote consistency between SPAs?

1. Distance between policy and SPA to SPA, office to office variation of implementation

   a. Challenging to those who work across offices and SPAs
2. Make blog user-friendly with links
3. Have all programs in all SPAs
4. Retreats to share learning and best practices

VIII. Language, cultural awareness/competency especially for service delivery and availability especially on part of providers

1. Consistency versus flexibility
   a. Need to be allowed to address complexity
   b. Don't plan only for "exceptions to rule"
2. Providers need to provide services within context of race, ethnicity of family

IX. Summary

1. Space
2. Training providers
3. Next four grouped together
4. Performance-based contracting
5. Timelines regarding service delivery
6. Cross-system communication with combined meeting
7. Accountability/Quality: individual satisfaction survey from clients/family
8. Balance between consistency and flexibility
9. Communication, training, accountability with providers
10. Learning from one another across system
    a. Retreat
    b. Inclusion like at staff meetings
    c. Website, blog
11. Payment and eligibility issues

SPA-4
Facilitator: Tess DeRoy
Plan Experts: Lesley Blacher, Lisa Parrish and Janel Jones

I. Mental Health Screening and Assessment

1. Non-detained screening tool: only self reporting? What check balance on honesty?
2. How does probation fit in DPO/CSW Division? What happens when it was a voluntary case?
   a. Court involved because parental non-competency
3. Accuracy around self reporting as a cultural competency
4. SDM tie in with CIMH screening
5. SW not MH experts
   a. Workload
   b. Accuracy
6. Undocumented – EPSDT, Medical: Money: MHSA PEI
7. Family preservation agencies role?
8. Documentation differing according to birth order
9. How to streamline? Training process for line staff
10. Specific step by step for CSW…
11. Recourse when HUB hasn't completed on their end? Particularly prevalent with younger children
    a. Training plan, attorneys, courts
12. Waitlist supply versus demand: Change path for un-detained case less clear than obtained
13. Where does screening reside… CWS?
14. Case management notes cumulative file : data tracking

II. Data Tracking

1. Who enters it
2. Can build MAT coordination in non-MAT offices
3. Current: Referrals and CIMH and outcome of MH referral
4. Overlapping tracking: DCFS and DMH
5. Will system be duplicate or integration?
6. What about confidentiality issues?
7. How do we insure that this doesn't slow access to SUCs

III. Mental Health Service Delivery

1. Roll out plan: office mentoring watched with pilot sites 4 and 6 for example
2. Waiting lists: baseline for SPA 4
   a. Cases originally in 4 placements outside of 4 or sometimes outside of LA County
   b. Approximately 80% out of SPA (?)
3. SD system needs to be countywide to address out of SPA placement

4. Funding flexibility to move it where the needs are and/or capacity built where residential capacity exists
5. Multiple placements: flex funding
6. Current capacity for non-detained good but with advent of MAT capacity (?)
7. Awareness of MHSA PEI to support service D. for families ineligible for EPSDT (not treatment money, focus on prevention)
8. 58 doesn't address ongoing treatment VA contract prov.
9. Families with insurance also
10. For things like eligibility: trad outside of CSW purview – CSAT
11. How is CSAT different from TDM?
12. How do we own a shared SD system?
13. CSAT – do they determine eligibility or do they resolve the eligibility issue? (intent is both)
    a. Role to assist CSWs
        i. Buck stops with?
        ii. How far does CSAT role go…staffing/facilitation/lead?
        iii. Roles and responsibilities of CSW/CSAT coordination
        iv. How are inter-agency (IAC) Wrap around?
    b. DPSS as linkages…
    c. Linkages project base of work re: eligibility can be built upon

IV. Interdepartmental Teams

1. Expansion of Wraparound: more providers, more capacity than referrals
    a. Screen providers well
    b. Clarity on commitments
    c. Accountability
    d. Takes time to get to same standard
2. Lack of referrals/capacity match
    a. Matching approach preferable to rotation approach used in Wrap
3. WRAP SPA 4 Team
    a. Has worked well
    b. Open communication
    c. At beginning weekly leadership
    d. Attitude not "your problem", our problem
4. Our Kids – centered
5. Leadership info transfer to line
6. Culture differs by SPA, but goal is the same countywide
7. How is information captured? Analyzed? Understood?
    a. Same
        i. Different/contextualized
8. DCFS sharing info on outcomes after screening to insure

V. Summary

A. Overall theme of being child-centered

B. Screening and Assessment
   1. Training process: who gets trained in what? When? How?
   2. Accuracy
      a. Self reporting
      b. Cultural issues
      c. Non-clinical staff
      d. Consequences for inaccuracy
   3. Tracking
      a. Functionality for staff
      b. Sufficient for lawsuit
   4. EPSDT Eligibility
C. MH Service Delivery
   1. Service Capacity:
      a. Spatial mismatch
      b. Flexibility in service delivery and funding
         i. Countywide system
   2. CSAT: clarifying roles and responsibilities
   3. Eligibility EPSDT

SPA 5
Facilitator: Dean Whitehead
Plan Experts: Roberta Spears-Mathews and Greg Lecklitner

I. Mental Health Screening and Assessment Process

1. Explain role and supports for CSWs
2. In TDMs, who is expert on consents, etc.?
3. Should this be addressed at TDM?
4. Which team member is responsible for specific task, e.g., keeping family in services?
5. What are related systems, processes, reports being used? +
6. RUMs liaison and DMH co-located staff:
    a. How do we work together?
    b. What are the logistics and obstacles?
7. * How do we assist CSW in having the most current info to make best decision?
8. Will all this responsibility fall on CSW?
9. Is a SPA 5 CSW responsible for screening, etc. when family members move to other SPAs?
10. Resource familiarity in each SPA is critical.
11. Concern: MAT assessment comes <u>after</u> the court recommendation??? (48 days is too late – post-hearing)
12. Concern: ISWs pass-off of cases to CSWs: there can be communication shortfalls
13. What are the responsibilities of command posts? <u>Re: MH Screenings</u> following trauma situation?
14. Need upfront assessments (of parents) <u>and</u> child assessments <u>faster</u> and more <u>coordinated</u>? How do we coordinate diverse providers and plans?
15. Need to ensure cultural and linguistic appropriateness of assessments <u>and</u> service delivery

II. Mental Health Service Delivery

1. Good, cohesive team: DCFS and DMH
2. Good P.O.E. committee
3. Monthly meetings with DCFS providers is very successful and productive
4. Would be good to have same relationship with MH Service providers (agencies/contractors) <u>without</u> making additional meetings
5. <u>Training is critical,</u> especially regional <u>CSWs</u>, on the Katie A. processes
6. Need ongoing <u>coaching</u>, not just a presentation/lecture
7. Could “coaches” stay at a site for a period of time to support learning? (R.A.s have too much to do)
8. Can there be staff with 2-3 month support commitment to a SPA?

9. Need more (quantity) specialized foster-care homes in SPA 5.
    a. Treatment foster-care: critical
10. MTFC are very needed and valued

III. Overall Implementation

1. We are good at bringing together all the players to the TDMs.
2. There is some under-utilization of TDMs by social workers
3. A checklist/flow-chart (one page) of services to integrate is vital for CSWs and SLSs.
4. Katie A info is voluminous – needs to be re-framed and reduced e.g., cliff notes, summaries (info overload is a hindrance to implementation and learning)
5. Keep people engaged
6. Need to avoid overlapping responsibilities of staff
7. Need to ensure communications and teamwork
8. Is there a way for existing R.A.s to mentor/sponsor new co-located offices on both sides (DMH and DCFS)
9. Should ensure DMH workers desks are physically integrated

IV. Summary

1. Training, mentoring and coaching
2. Checklists for each key party to ensure process flow, and all tasks
3. Simplify and condense vast information on Katie A. implementation
4. Better definition of CSW role in relationship to CSAT
5. Expand (don't replicate) successful meetings to include DCFS, DMH and all community providers
6. Cultural and linguistic appropriateness of assessments and service delivery

SPA-6
Facilitator: Leah Ersoylu
Plan Experts: Michael Rauso and Jackie Wilcoxen

I. Mental Health Screening and Assessment

1. Positive - System/relationship/skills
2. DMH in TDM
3. When DMH is at table at MAT case can link now or wait for MAT (should get linkage immediately)
4. At TDM would like MAT coordinator to take place at same meeting
5. Timeliness of MAT assessment
6. Co-located staff in good area
7. MAT and DMH staff (good communication)
8. CSAT how communication – who goes to what meetings?
9. Challenge of how to disseminate information and have collaboration of services
10. Get language on court order/permission to get MAT done quickly
11. Lag time due to Medical and/or language
12. Concern-expression of symptoms not 45 day time to get through assessment process
13. Continuum – MAT assessment, then diagnosis, then, how to get child into home (park)
14. Concern of social work filling out CLMH
15. Because expanding number of kids, how to track them.
    a. Incidents and results
16. Track results: stability, responsible to treatment, so hearing officer at court can make a proper decision
17. Referrals through co-location need more dialog between DMH and S.W. (how would they measure success)
18. Do know what outcomes looking for and how tracking?
19. Need quality studies for MAT
20. Is up-front assessment informing MAT?
21. Tracking and outcomes – must be electronic
22. Ideally both systems can see data electronically

II. Service Delivery

1. Strength – when MAT assessor takes case
    a. Negative have provider without capacity take MAT case
2. Increase resources to have youth remain in SA 6 or get priority slot if moved from SA 6
3. Half cases can't refer because no one will take out of area case (so many)
4. Staff having to travel while case is open
    a. Puts strain on department
5. Challenge – when caregiver doesn't know department is coming out and doing visit (fear and lack of trust is created when lack of understanding)
6. Strategy to educate caregivers that Mental Health referral made

7. TDM share info with MAT team member
8. Have providers at table
    a. Assigned/rotated through
    b. Billing challenge
9. Role of interns Service Worker defined clearer
10. Helpful to have wrap around expand to lower levels of care
11. Severe shortage of slots in SA 6
12. Based on previous year number of kids in service to determine slots
13. Concern – non-detailed or undocumented children, non-Medical, what is done for them? (family preservation)

III. Overall Implementation

A. Integration of assessment and service delivery overall
B. Key points
    1. MAT team meetings productive
        a. Contract providers, problem-solving, useful
        b. No countywide equivalent to MAT
        c. Open comment period at monthly meetings
        d. Support of regular managers
        e. Should have meeting where staff and co-located staff meet
        f. How to disseminate information from meetings
    2. Meetings (SPA level/countywide information flow)
    3. Website for Katie A./shared sites
    4. If expectations are clear regarding outcomes/goals from County, it could trickle down to SPA's
        a. S.O.W. documents could be taken county-wide from the SPA's (R.E. MAT)
        b. *Have clear implementation plans at SA and not have it conflict with larger county policies and process
        c. FSP had guidelines committee
            i. Email out and get feedback
        d. Share best-practices and communication to know what is working where
        e. Hopeful if could compile office-specific guidelines best practices and share with new staff to be a written scope of work.

IV. Screening and Assessment

A. Timelines
    1. when referrals take place/how soon linked to services and continuum of re-evaluating the child
B. Outcomes
    1. Identify what to be tracked and who/when tracked
C. CSAT
    1. Operationalize involvement and role clarity
D. Court Language
    1. Streamlining it and have a faster process

V. Service Delivery

A. Define roles of I.S.W.
B. Integration of assessment and service delivery
C. Quality of services - monitor and improve
D. Issues surrounding out of SPA placement
E. Educate caregivers on process and types of services provided
F. Outcomes – identify what want tracked and who/how/when tracked

SPA-7
Facilitator: Sue Li
Plan Experts: Adrienne Olson and Brad Bryant

VI. Mental Health Screening and Assessment

1. Pilot officer SFC: using in TDM
2. Strong working relationship– DMH and DCFS
    a. A lot of experience problem solving
3. Experts at the table
4. Developed referral system – tracking
5. All program resources
6. SFC within fish flow map:
    a. Too complex – who do you go to for what?
    b. Too linear to capture all kids; DMH MAT coordination left out
7. Clarification on SLS role; MAT coordination; co-located staff
    a. Concern: "too many chefs in kitchen" –meetings required face to face
8. Processes to serve non-eligible EPSDT – other programs
9. Why is it MAT coordination +, not attending DMT?
10. Two separate systems
11. Complexity of logs – co-located staff?
12. Where and who are asking the families about outcomes
13. Safety-net for parents
14. No real time tracking system
15. Capacity: Specifically speaking population, o-s large population
16. CSW – Union issue – Responsibility of decision-making
    a. Consistency in assessment tool
17. Lack of info in responsibilities
18. Who will be receiving the case? HUB

VII. Service Delivery

1. Knowledge of provider base
2. Knowledge of special populations
3. SWs already using DMH?/agencies
    a. Beneficial for tracking
4. Strong alliance and communication between DMH, DCFS, Providers
    a. Groups ex-training (?)
5. Understanding of entire scope of MH care
6. Great process – identifying needs, but outside of SPA a challenge
7. Catch 22 – safety net before co. (?)
8. Medical – no feedback loop
9. Timeframe for services – linkage
10. Resources for non-detained children

11. Detain to get them services
12. Ed. Transition: special needs children
13. Overall capacity: over cap for other areas, service priority
14. Transition of services after care
15. Parents included in process of reunification: transition to home
16. Family preservation: kids going place to place without foster family agencies getting services
17. Training needed to understand programs: how they work together and not w.t. (?)
18. Regional centers run independently – no working interaction to transition children
19. Transitional aged youth: no transition plan
20. -Tracking them through; not just in there
21. -Providers referring to another provider(s) – knowing about changes
22. -CSW – who the child is linked to
23. -Diagnosis in TDM
24. +Model: intensive in home services
25. + Have info on discharges
26. Culture within home – MH services and data collection

VIII. Overall Implementation

1. + RMP process – group homes
2. - Child in group home – outside of SPA 7
3. + TDMs bring people together
    a. Including key family members
    b. Getting everyone there
4. + SFC already in place in SPA 7 – 6.1 (?)
5. DMH – and linkage person – key role for community between SPAs
6. DMH and DCFS – constant communication
7. Q and A – for every SPA – sharing of info
8. Pre-meetings – to plan structure for office – prevents confusion for key people
9. Katie A Website – FAQ/Q and A
10. Horizontal and Vertical representation at meetings
11. Joint meetings for everything
12. Consistent meetings countywide
13. Communication – SPA and Central: up to date info
14. Develop clear set of policies: not micro-managing (too detailed)
15. Share info. – example: FAQ/Q and A
16. DMH and DCFS policy writers communication
17. Policies – new laws training – when laws change
18. Equalize “coordination” positions – consistency in terms
19. DMH and DCFS – news bulletin? : a way to share info; highlights; stats; (newsletter/website) (success stories)

20. SPA approach S County – Building that
21. Keep motivation up – incentives, success stories

IX. Summary

A. MHSA
   1. (Positive) Experience, relationships, processes in place
   2. (Negative) Clarification of tools – when to use what: CIMH; CANS; MAT; co-located assessment

B. MH Service Delivery
   1. (Positive) Excellent resources within SPA
   2. (Negative) Limited resources
      a. Undocumented
      b. Spanish Speaking
      c. Medical Ineligible
      d. Limited ability to reg. s. outside SPA

SPA-8
Facilitator: Marta Segura
Plan Experts: Jesse Moreno, Laura Andrade, Olivia Celis-Karim

I. Goal

A. To provide "your" feedback, ideas on A) MHS & Assessment and B) MH S&V Delivery parts of Katie A. Strategic Plan

II. Screening

A. Systems
   1. Is it a unique team per child?
   2. Everyone else exist in your offices?
   3. Tremendous amount of info this morning

B. Relationships/Resources
   1. What will service linkage specialists do?
      a. SLS will help to track (non-detained)
   2. Olivia – Need to show data in a systemic way

C. Skills/Knowledge
   1. Tracking qualitative outcomes?
   2. QSR – Where we will get more qualitative outcomes?
   3. Still identifying the tracking process
   4. Logistics: when will we hire MAT coordinators
   5. We have a limited money amount
   6. Is there a service capacity to meet need?
   7. Indigent care, we can't meet the need.
   8. Co-located staff will be providing short term TX.
   9. Language Barriers
   10. Who does what for data collection
      a. MHST
      b. Screenings at HUB

D. CSAT Question
   1. Collocated staff
   2. SLS
   3. CSW

   } Core

   4. No full complement yet at each office
   5. How many children will office supervise?
   6. [1,6,7]
   7. One SLS at office might be a problem

III. Common challenges and Themes

1. Transition and expansion execution and operationalizing

2. Present with greater clarity, because this is still very confusing, need more answers
3. Capacity is an issue, as are resources, funding-where will this come from.
4. Great if we have all CSAT in same physical location
5. Great if we integrate communications to existing internal systems
6. How will we track qualitative indicators and outcomes?
7. Need to set policy and protocol for interdepartmental communication
8. Need a better communication piece of all staff
9. Need a training process for this new integrated system
10. Present this as something this is already being done
11. Present the human side of this too
12. Create a greater good
13. Should be motivating and inspiring
14. Reducing work/case loads
15. Maximizing budget
16. Adding value
17. Share information systems

} example

IV. Delivery

A.
1. All kids will be screened, opened by DCFS with EPSDT; they are the class members
2. How will our current staff provide treatment?
3. What will the expansion look like?
4. Will meetings not include family?
   a. Will it remain a priority
   b. (TDM the ideal form to keep family included)
5. How will we integrate staff from DMH?
6. A lot of capacity issues?
7. Where are the resources?
   a. How can we resolve with resources?
8. This will not be a TDM process
9. MSW interns with mental health as their focus for expansion?
   a. Yes we do

B. How would you inter-departmental Improve communication?
1. Crisis intervention
   a. Will have a protocol developed
2. Integrated DMH using existing forms of communications
   a. Wrap around meetings, etc
3. CSAT physically near each other
4. How will we deliver services to those not eligible, like undocumented children

C. How are you feeling now?
1. Mixed messages
2. Huge change that needs to be handled incrementally

3. Need a better way to present to the SPAs
4. Seems like it is leaving out everyone not in the class law suit