KATIE A. STRATEGIC PLAN ANNOTATED INDEX

I. Mental Health Screening and Assessment – *Assure mental health screening and assessment for 100% of children formally and informally entering foster care, as well as those already receiving child welfare services.*

A. Three tracks to screening and assessment:

1. Emergency Response referrals resulting in detention pgs. 7-10 (Appendix A. decision tree):
   - All newly detained children receive a comprehensive mental health assessment and linkage to service through the Multidisciplinary Assessment Team (MAT) Program, within 45 days of being detained.
   - MAT assessments focus on the following key areas: mental health; physical health; developmental milestones; hearing/language development; caregiver/family of origin; educational and vocational needs.
   - Medical evaluation is conducted at a Medical Hub or by a community medical provider:
     - If high-risk, medical evaluation is within 72 hours of detention; or
     - 30 days for all others.
2. Emergency response referrals resulting in a non-detained, open case (family maintenance or voluntary family reunification) p. 10 (Appendix A. decision tree):
   - All will receive mental health screening by the case-carrying social worker (CSW).
   - California Institute for Mental Health (CIMH) Mental Health Screening Tool (MHST) was developed by non-clinicians and requires little formal training to use and can be administered quickly.
   - If positive screening indicated linked to appropriate service through DMH Specialized Foster Care co-located staff (if EPSDT eligible) or through DCFS Service Linkage Specialist.
   - Protocols for conducting the screening are being developed and meetings with the union are scheduled.
3. All existing/open cases p. 11 (Appendix B. decision tree):
   - The case carrying CSW will complete the CIMH MHST when the next case plan update is due – exceptions are: children with a previously completed MHST; children already receiving mental health services; and children receiving D-rate placements.
   - A subsequent screening is required upon identification of a behavioral indicator (see chart p. 12 -14).

B. Infrastructure supports to expedite screening and assessment:

1. Coordinated Services Action Team (CSAT) p. 15-17.
   - New administrative and teaming structure within each DCFS office to align and coordinate DCFS and DMH non-line staff to rapidly receive screenings and/or referrals and ensure service linkage.
   - CSAT is comprised of: DCFS, DMH, DPH, and DPSS staff (Team Decision Making staff, Multidisciplinary Assessment Team staff, Resource Utilization Management (RUM)/Resource Utilization Management

Process (RMP) staff, D-Rate, Wrap, public health nurses, educational liaisons, Service Linkage Specialists, Youth Development Specialists, Permanency Partners Program (P3) staff, Adoption Safe Families Act staff, Specialized Foster Care staff and Linkages co-located staff.

- Align and integrate siloed services/programs into CSAT – protocols delineating respective operational responsibilities for CSAT staff under development.

2. Team Decision Making (TDM) Process p. 17.
   - Meeting process employing teaming of family, community partners, service providers, support networks and facilitators to make decisions concerning a child's safety and placement, particularly in relation to a child's removal, replacement, and return home.
   - TDM facilitators are integrated into the CSAT.
3. Family Centered Services Referral Tracking System pgs. 17-19
   - SACWIS regulations potential obstacle to developing automated system.
   - Referral form will allow some case-identifying and demographic information to be pre-populated and forwarded to CSAT for service linkage and follow-up.
   - Considering building application on DMH end to receive and store referral information from DCFS to eliminate the SACWIS violations:
     - First phase would entail flagging DCFS referrals with special projects code, which would be uploaded regularly to DMH. Referrals would be matched against DMH billing codes to provide a service receipt dispositional report, which would not allow for case management but would provide the basics to track service provision.
     - Second phase would be for DMH to build a case management application in which information could be entered, copied, and pasted back in CWS/CMS.
4. Resource Utilization Management Process (RMP) pgs 19-20.
   - Focus is to transition children out of congregate care through a coordinated care approach to meet the needs of children currently in, or at risk of placement in a RCL 6 –14.
   - Child and Adolescence Needs and Strengths (CANS) tool administered by DCFS RUM staff and DMH psychologists to determine most appropriate placement/services.
   - RUM staff and DMH psychologists are integrated into the TDM and CSAT structures.

C. Implementation Timeline:

1. Training curriculum finalized by February 2009 to rollout CSAT/screening protocols in the following regional offices:
   - SPA 7 – Belvedere and Santa Fe Springs are trained in March 2009;
   - SPA 6 – Wateridge and Vermont Corridor are trained in April 2009;
   - SPA 6 – Compton is trained in May 2009;
   - SPA 1 – Palmdale and Lancaster are trained in June 2009.
2. Implementation in the piloted regional offices will be closely monitored for 6 months and any necessary revisions will be made implemented prior to the Countywide rollout starting in January 2010.

D. Staffing/Resources:

- DCFS total number of new positions requested to staff CSAT 34, reclassified 2.
- DCFS total number of new positions requested for Countywide CSAT rollout 20.
- DMH to use and reconfigure existing Specialized Foster Care staff (58), but will be requesting additional NCC to support positions and make them more effective and less reliant on EPSDT funding/service provision restrictions.

II. Mental Health Service Delivery – *Provide the most timely and individualized mental health services to children to promote stability of placements or prevent removals from home.*

A. Child and Family Teams (CFTs)

1. Team approach to delivering intensive mental health services:
   - Practice principles for CFT discussed on pgs. 32-36 and require:1) A strength-based approach for serving families; 2) A multiagency collaborative team approach; and 3) Services are responsive to cultural context and family characteristics.
   - CFTs operate with a Facilitator, who ensures that the practice principles are adhered to, and a Parent Partner, former primary caretakers of children, who generally acts as an advocate and resource coordinator for the family p. 32.
   - CFTs are grounded in a Wraparound approach of doing "Whatever it takes" to serve families p. 31.
   - Focal populations for the CFT include:
     - Children in family or relative placements (including VFM/VFR/FM);
     - Children in D-rate placements;
     - Children in Foster Family Agencies;
     - Children and families receiving Family Preservation Services;
     - Children and families that can be diverted from entering the Child Welfare system through the provision of such services;
     - Children and families whose exit from the Child Welfare system can be facilitated by the provisions of such services; or
     - Children in or at risk of placement in a RCL 10 or above placement.
   - Children will be referred for CFTs through the CSAT. For offices in which the CSAT is not yet operational, CSWs will go through the SOC/Wraparound liaisons.
2. Three-tiered Wraparound Approach to delivering CFT services:
   - A three-tiered Wraparound approach is proposed to offset the shortfall of 2,800 additional intensive mental health service slots. The initial placement in one of these Wraparound/CFT tiers would be based on service need and children would move from one tier to another based on changing service needs pgs. 36-38.
     i. Tier One represents the most intensive service level and is directed toward those children whose emotional and behavioral problems have resulted in a placement in a RCL 10 or above placement or placed them at risk of such a placement. Tier One represents the County's current Wraparound program, now with

an allocation of 1,400 slots and funded through the current Wraparound program.

ii. Tier Two will be an entirely newly created service capacity, supported via an alternative funding model, including monthly allocations of funds associated with a case rate and supplemented by EPSDT. The number of slots proposed - 2,051 - over a period of approximately five years. These slots will be targeted to children, who don't present the acuity of need for the Tier One Wraparound/CFT.

iii. Tier Three represents the lowest level of intensive mental health services and is designed for those children whose behavioral and emotional problems have not been able to be adequately resolved with a less intensive intervention. MHSA Full Service Partnerships will be augmented with CFTs. A total of 749 such slots, including 523 Child FSP slots and 226 Transition Age Youth (TAY) slots dedicated to Katie A. class members will be used for this purpose. These slots will be funded with EPSDT and a monthly case rate.

- Interagency Screening Committees (ISC) are currently operational in each of the 8 SPAs and will manage the three-tiered CFT in their service area including, tracking enrollments, disenrollments, graduations etc. pg. 39.

B. Implementation Timeline:

1. Program will be rolled out Countywide over a 5-year period:
   - The first year will be devoted to the development and implementation of the Tier Three approach - FSP with CFTs.
   - Tier One will continue to be available Countywide during this time.
   - Tier Two will be implemented at the rate of approximately 410 slots per year until service capacity is reached.

C. Staffing/funding required

- DCFS – 17 positions
- DMH – use existing Specialized Foster Care positions

III. Funding of Services - *the County is refocusing their energies and prioritizing strategies utilizing the Title IV-E funds, EPSDT dollars, and MHSA FSP slots to fund the mental health services needs for the Katie A. class members.*

A. Maximization of the Title IV-E Waiver

- The Waiver is a vehicle to free up flexible funding to help DCFS broaden and deepen its innovative practices, building on its five core strategies: POE, SDM, TDM, Concurrent Planning and the P3, discussed on pgs. 42-45.

B. MHSA FSP Growth Funds

- 749 additional slots have been approved to serve the Katie A. Class beginning in FY 2008-09 pgs. 45.
    - An additional enhancement includes augmenting treatment dollars by approximately $5,000 per slot of EPSDT, bringing the total slot allocation for treatment of EPSDT to $19,000.

C. Intensive Mental Health Services CFT Funding Model pgs. 45-47

1. Tier One – the Wraparound Program is funded to provide up to 1,400 slots in FY 2008-09 at the at the current case rate of $4,184 per month, which includes placement costs. EPSDT funding is $1,500 a month per slot and added to the case rate equates to a total gross annual cost of $95,500,000 and a Net County Cost (NCC) of $47.2 million. The full implementation of this tier is accounted for in the Proposed FY 2008-09 budget.
2. Tier Two – Provides a Wraparound/CFT approach for a total of 2,051 slots, rolled out over a five-year period, with a monthly case rate of $1,300 exclusive of placement costs and $2,000 per month in EPSDT funding. The total cost when fully implemented is $83,400,000 with a NCC of $35.3 million per year.
3. Tier Three utilizes 749 FSPs, augmented by a $1,063 monthly case rate per child and $1,006 monthly case rate per TAY to support a CFT approach to delivering these services, in addition to an annual EPSDT allocation of $19,000 in treatment funds and a one-time yearly flex pool fund of $2,850 per slot for TAY slots and $650 per year for children's FSPs. The total yearly cost for the 749 FSPs equates to $25,915,000 of which, $9.4m is NCC.

D. Implementation Timeline:

- Upon approval of the Strategic Plan implementation of the MHSA FSP slots and CFT tiered funding model will commence, while identification of Title IV-E Waiver funds are dependent on adoption of the FY 2008-09 State Budget and the closeout of FY 2007-08.

E. Staffing/Funding Required:

- No additional staffing required, service funding discussed above.

IV. Training - *The November 2006 Order from Judge Matz reiterated the Panel's concerns from their Fifth Report to Court indicating that efforts to train staff fall short of the intended objectives because trainings do not impart the foundations of good practice – engaging families, effective teaming and coordination, thorough assessment of strengths and needs, individualized planning, and effective interventions. The Court directed the County to obtain feedback from DCFS and DMH workers to better inform needed enhancements to the training curriculum.*

A. Training Modules pgs 49-53:

1. In the first training module, participants will receive an introductory overview of Katie A. and the Settlement objectives the County is fulfilling, as well as the general overview and "drill down" of the roles and responsibilities of the staff of the two Departments respectively and how cooperative/integrated efforts between the two support implementation of the Settlement Agreement and this Strategic Plan.
2. The second training module will focus on screening and assessment protocols – CSAT – and the directives for screening/assessing newly detained youth, newly opened/non-detained cases (family maintenance and voluntary family reunification cases), and children in existing open cases.
3. The third training module will focus solely on the Wraparound/CFT practice principles, teaming processes, coaching/mentoring supports, and desired outcomes.

B. SABA Learning Management System pgs. 53-54

- This automated enrollment system and database is designed to streamline the attendance, feedback, and tracking processes for employee training and is expected to be launched in October 2008.
    - The will simplify the County's compliance with the November 2006 order from Judge Matz requesting the County to obtain feedback from DCFS and DMH workers to better inform the effectiveness of the training curriculum.

C. Implementation Timeline:

1. Training curriculum will be finalized in February 2009 to comply with CSAT rollout.
2. CFT curriculum also finalized by February/March 2009 to support rollout of Tier 3 FSPs.

D. Staffing/Funding – to be determined in early August

V. Caseload Reduction - *Although caseload reduction is not a mandated component of the Katie A. Settlement Agreement or 2006 Court order, DCFS senior managers, in concurrence with the Katie A. Panel, view reduced caseloads as a vital objective necessary to execute the objectives of the Katie A. Settlement Agreement and subsequent orders.*

A. Reduce front-end referrals and case openings pgs. 58-59

- Objective – reduce hotline acceptance rate from 88%, which exceeds State average, to rate more reflective of a jurisdiction using Structured Decision Making.

1. Proposal to divert appropriate hotline referrals to community-based organizations for preventative services;
2. Develop comprehensive training plan, which will clarify hotline policy and procedures for ER staff and incorporate best-practice from other counties to ensure that only the most appropriate referrals are opened as new cases;
3. Emergency Response Command Post Pilot in SPAs 4 and 6 provide up-front assessments and timely service linkage on new referrals to avoid likely detentions. Program is being evaluated and if it effectively reduces detentions will be expanded Countywide.

B. Increased Permanency Practices and Rates pgs. 60-62

- Objective – increase adoption rate to 30% by June 2009.

1. Bureau of Information Services (BIS) will develop a tracking system to better measure and manage milestones from ER to the termination of parental rights. This is an area of focus needed to continue to reduce timelines to permanency.
2. Work to centralize the Termination of Parental Rights (TPR) Filing Function within the Adoption and Permanency Resources Division (APRD) is currently underway. This will streamline the process with a decrease in hand-offs and delays, resulting in decreased time to filing the acknowledgements with California Department of Social Services (CDSS).
3. There will be a time decrease to one month from the receipt of TPR acknowledgement from CDSS to adoptive placement, for cases that have an

approved adoptive home study, which currently takes an average of 4.61 months, for both attached and unattached cases.

4. Due to the average of 6 to 9 months for the Appellate Court to issue a ruling on TPR appeals filed by parents or their attorneys, County Counsel is now providing training and assistance to DCFS staff to improve practice and prevent appeals.
5. One legislative proposal to increase adoption rates are currently under development. It will seek to decrease the time period a birth parent has to appeal the termination of parental rights from 60 days to no more than 15 days.
6. Public Health Nurses will be employed to review all cases assigned to pro bono law firms assisting with adoption finalizations to ensure all health issues have been identified and that the child is receiving the proper rate. Additionally, the Department is hiring paralegals to assist adoptive families with finalizing in pro per, and in pro per clinics will be implemented to allow families to file adoption petitions on their own. Further, the Department is working with the pro bono law firms to improve timeframes in assigning cases to pro bono attorneys.

C. Residentially-Based Services (RBS) Demonstration Project pg. 62

- The Residentially-Based Services (RBS) demonstration project will permit the Department to transform group homes from long-term placements to planned, short-term and individualized interventions that combine needs-specific treatment to reconnect youth with their families, schools and communities. Los Angeles was one of the counties selected for this demonstration program and will submit a plan to the State by September 4, 2008 with a projected implementation date of January 2009.

D. Improved Human Resource Practice and Rates pg. 63

- Objective – the current and previously mentioned collection of strategies are directed to bring ER and generic caseloads down by 15% to 14 and 15 respectively for ER and Generic caseloads in 2011.

1. To achieve optimum case load counts further dedication must be directed to utilizing all available items budgeted to the Department. Mass hiring processes are currently underway.

E. Implementation Timeline:

- Strategies A, B, C and D are currently underway.

F. Staffing/Funding:

- The majority of caseload reduction initiatives can be accomplished with existing resources.
    - There will be a need to deploy a complement of TDM facilitators at the Command Post. By December 2008, the Department will develop a cost estimate for fully rolling out Upfront Assessments to all offices.
    - There may be additional costs associated with the legislative proposal to increase adoption rates. The Department will develop the costs as part of the legislative proposal process.
    - DCFS expects to hire 5 -10 paralegals to improve the adoptions finalization process.

- There will be start-up costs associated with the January 2009 RBS Demonstration Project. One proposal is to cover these costs out of funds in the pre-existing Wraparound county risk pool.

VI. Data/Tracking of Indicators - *The Judge Matz 2006 order corroborated the Panel's concerns regarding the ability of the County to obtain ongoing reliable data for all class members in order to determine whether children are being systematically screened and assessed for mental health services, and when appropriately identified, actually receive those services.*

A. Data Development Agenda:

- The proposed data development agenda for tracking the County's implementation of the Strategic Plan in relation to the systematic screening, assessment and, when necessary, the provision of basic and/or intensive mental health services to class members will be tracked (through the Cognos Cube) and will measure a series of indicators, including the Catherine Pratt system indicators and the following general service provision indicators pgs. 65-70:
  - Timeliness of mental health screenings;
  - Assessment;
  - Referral to service;
  - Provision of treatment;
  - Duration of service; and
  - Outcomes associated with the delivery of service.

B. Implementation Timeline:

- 6 – 12 months

C. Staffing/Funding Required:

- The DMH Chief Information Office Bureau (CIOB) has recommended that temporary consultants be hired at a one-time approximate cost of $500,000 to act as a Project Manager, Business Analyst, and Application Developer over the development of a DMH administered Katie A. database and associated cognos cubes.

VII. Exit Criteria and Formal Monitoring Plan - *The 2006 Order from Judge Matz tasked the County with developing measurable exit conditions and monitoring criteria, in order to demonstrate unequivocally that the County has fulfilled the provisions of (paragraphs 6 and 7) of the Settlement Agreement.*

A. Three-fold measure of Compliance pg. 72:

1. Successful completion of a meaningful strategic plan;
2. A passing score on a qualitative review; and
3. Acceptable progress on indicators.

B. Qualitative Services Review pgs. 72-74:

1. QSRs generally encompass two levels of review – child status indicators and system performance.

- Child Status indicators generally entail:
    - Safety;
    - Stability;
    - Physical well-being;
    - Emotional well-being;
    - Learning and development;
    - Prospects for permanence;
    - Caregiver functioning;
    - Family resourcefulness; and
    - General satisfaction with care
- System performance indicators measure at a minimum:
    - Child and family engagement;
    - Team coordination;
    - Assessment;
    - Long-term view;
    - Planning;
    - Implementation;
    - Tracking and adjustment;
    - Cultural accommodations;
    - Support availability; and
    - Overall performance

2. The QSR provides the County with the most objective vehicle for evaluating the County's performance in complying with the Settlement Agreement and eliminates ambiguity surrounding some of the provisions in the agreement.

C. Implementation Timeline

- A draft proposal recommending the Panel's three-pronged compliance approach is planned to be submitted for Court consideration in October 2008, when the Panel submits their next report to Court.

D. Staffing/Funding Required

- At this time, no additional staffing is necessary to develop the QSR review criteria or instrument. In-house research services from the Chief Executive Office's (CEO) Service Integration Branch could assist in developing the instrument, data collection procedures, methodology for evaluating the scored review criteria, data analyses, and in producing the final QSR report(s). The projected budget is $1.5million.