The Katie A. Advisory Panel
Second Report to the Court
May 30, 2004

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I. INTRODUCTION

The following report outlines the evaluative efforts undertaken by the Panel since the last report, its conclusions about system performance to date and a list of performance indicators that can serve as an additional basis for determining the progress made by the Department in the future.

At this point in the Panel's work, we have a number of deep concerns about the Department's progress toward achieving the objectives of the settlement, which include:

- Except for a general plan for Wraparound improvement, which the Panel found insufficient to achieve the objectives of the plaintiff class, the Panel has not received any plans related to the objectives;
- A lack of appropriate and accessible Wraparound and mental health services needed by the plaintiff class;
- Frequent placement changes, especially for older children and youth, without the provision of appropriate services to prevent such placements;
- Overuse of costly and unnecessary congregate placements, as opposed to family based placements, for younger children and youth;
- Lack of effective prevention services that avoid placement in foster care by helping families retain their children safely in their own homes;
- Lack of permanency for children;
- High workloads and caseloads among front line staff;
- Lack of appropriate training of staff to deal with the needs of the plaintiff class; and
- Front line practice that is unable to use engagement, assessment and individualized planning to consistently respond to the challenges experienced by children and their families.

II. BACKGROUND

This is the second report to the court and addresses performance indicators, primarily.

The Los Angeles County Department of Children and Family Services (DCFS) and the plaintiffs in Katie A. et al. v. Diana Bont et al. entered into a Settlement Agreement in May, 2003. The Agreement was described as a "novel and innovative resolution" of the claims of the plaintiff class against the County and DCFS and it was approved by the Court and became effective in July 2003.

The Agreement (in Paragraph 6) imposes responsibility on DCFS for assuring that the members of the class:

a. promptly receive necessary, individualized mental health services in their own home, a family setting or the most homelike setting appropriate to their needs;

b. receive the care and services needed to prevent removal from their families or dependency or, when removal cannot be avoided, to facilitate reunification, and to meet their needs for safety, permanence, and stability;

c. be afforded stability in their placements, whenever possible, since multiple placements are harmful to children and are disruptive of family contact, mental health treatment and the provision of other services; and

d. receive care and services consistent with good child welfare and mental health practice and the requirements of federal and state law.

To achieve these four objectives, DCFS agreed to implement a series of strategies and steps directed toward improving the status of the plaintiff class. They include the following (Paragraph 7):

- immediately address the service and permanence needs of the five named Plaintiffs;
- improve the consistency of DCF'S decision making through the implementation of Structured Decision Making;
- expand Wraparound Services;
- implement Team Decision Making at significant decision points for a child and his/her family;
- expand the use of Family Group Decision Making;
- ensure that the needs of members of the class for mental health services are identified and that such services are provided to them;
- enhance permanency planning, increase placement stability and provide more individualized, community-based emergency and other foster care services to

> foster children, thereby reducing dependence on MacLaren Children's Center (MCC). The County further agrees to surrender its license for MCC and to not operate MCC for the residential care of children and youth under 19 (e.g., as a transitional shelter care facility as defined by Health & Saf., Code,§ 1502.3). The net County cost which is currently appropriated to support MCC shall continue to be appropriated to the DCFS budget in order to implement all of the plans listed in this Paragraph 7.

The parties to the Settlement also agreed to the selection of an Advisory Panel to provide guidance and advice to the Department regarding strategies to achieve the objectives of the Agreement and to monitor and evaluate the implementation of its requirements. Specifically, the Settlement Agreement directs (Paragraph 15) that the Panel:

- advise and assist the County in the development and implementation of the plans adopted pursuant to Paragraph 7;
- determine whether the County plans are reasonably calculated to ensure that the County meets the objectives set forth in Paragraph 6;
- determine whether the County has carried out the plans;
- monitor the County's implementation of these plans; and
- determine whether the County has met the objectives set forth in Paragraph 6, and implemented the plans set forth in Paragraph 7.

Additionally, the Settlement directs that:

> In the event that the Advisory Panel discovers state policies or funding mechanisms that impede the County's accomplishment of the goals of the agreement, the Advisory Panel will identify those barriers and make recommendations for change.

III. PANEL ACITVITIES SINCE THE FIRST REPORT

Since the last report Panel members have met with:

- DCFS Director and executive staff
- DCFS University training Consortium members and DCFS training staff
- DCFS Emergency response staff in two offices
- DCFS medical director and a DCFS Deputy and staff regarding wraparound programs, creating specialized homes for individual children, and how consultants and supervisors can coach improved practice in staff
- representatives of the Commission
- judges, following observations of court hearings regarding families and children
- foster parents

- private mental health providers
- FFAs (family foster home agencies)
- Family preservation providers
- group home staff

Informing Ourselves About the Children In DCFS Custody

The Panel has analyzed information provided by DCFS, and produced the following profile of the children and families served and the resources for children in out of home care. These basic data provide a general overview of the system's characteristics, which will be supplemented by the more detailed data on performance indicators, once that is provided by DCFS.

- 28,500 children in out-of-home care
- 11,500 children are placed with relatives
- 1,000 are in adoptive homes that have not been finalized
- 2,159 children are in about 125 group homes
- 13,800 are in foster homes (there are 13,700 FFA beds in over 60 FFAs and 7,300 beds in county foster homes)

DCFS has a total of 38,883 cases distributed as follows:

EMERGENCY RESPONSE	1,097	3%
FAMILY MAINTENANCE	8,940	23%
REUNIFICATION	7,719	20%
PERMANENT PLACEMENT	21,127	54%

That more than half of the cases are not designated as reunification or family maintenance raised serious concerns in the Panel. DCFS defined permanent placement as children who are in long term foster care or legal guardianship. The Panel is currently engaged in learning more about the children in out-of-home care who do not have reunification as their goal to see how many are in the process of being adopted, how many live in committed guardianship arrangement, and the characteristics of those with little prospect for permanency.

Multiple Placements in Foster care

After finding how common multiple placements were among children discharged from MacLaren, the Panel wanted to learn about current practice regarding placement stability and undertook a small study (see Attachment 1). Nearly 600 7- and 8- year old children entered foster care (excluding Family Maintenance) between 1/03-10/03 in LA County, more than half of whom were Hispanic (19% Caucasian, 24% African American, 53% Hispanic; half male and half female). Many of them, 17% (one out of six), had previously been in foster care. Only 60% remained in the same placement less than a year after being removed.

In the Placement Study, the Panel studied 20 children age 7 and 8 who entered foster care in 2003 and had four or more placements in less than a year. The reason for the moves of the 20 7- and 8-year olds was not well-documented in their court reports. One child's story exemplifies the problem:

A 7-year old was removed from home with his two siblings in June, 2003 and placed in a DCFS foster home in West LA. Two weeks later, he was moved six miles to an FFA home in Carson. Five weeks later he was moved to another FFA home 10 miles away. Three weeks later he was moved to another FFA home five miles away. Two months later he was moved to a group home four miles away. Meanwhile, his siblings had returned home. Several of his placements occurred in the summer, but he probably was in three different elementary schools as a result of placement instability. The judge issued a show cause order to address why Wraparound services and TBS had not been utilized.

It is harmful for children removed from their families to be placed separately from their siblings, but nearly half of the 20 7- and 8-year olds were not living with their siblings. After more than six months in care, these children were placed with relatives (8) foster homes (8) group homes (3) and a psychiatric hospital (1). According to their court reports, half are receiving counseling.

Specialized recruitment of foster homes and intensive in-home services for relatives and foster parents to manage difficult behavior are necessary to prevent multiple placements, sibling separation and group home placement of young children. These recruitment and intensive in-home supports are especially necessary for members of the Katie A. class whose emotional needs are likely to require special care by foster parents and relatives and collaboration between them and schools and mental health providers.

Protective Services in Los Angeles

Panel members interviewed Emergency Response workers in two offices. The Panel also learned about how 400 ER workers and 60 ER supervisors in DCFS offices and 80 ER workers and 12 ER supervisors in the command post (which receives referrals from the hotline during nights and weekends) operate. A report was prepared and is included as Attachment 2. The ER workers interviewed typically have caseloads of 30. They attempt to make a decision about opening the case, referring to Family Preservation, or removing the child and close the case or transfer it to a continuing worker within seven days. This short time frame allows for few family meetings and no in-depth assessment during the investigative phase. The Panel did an analysis of 20 investigations done by DCFS ER workers in 15 offices in September 2003; in 11 cases the children were removed and in nine the children remained in their homes. The investigative narratives were varied, some giving details from the interviews with children and families and others simply documenting whether neglect or abuse had occurred and whether the children were being placed. The narratives did not document family strengths or children's needs and most did not clearly state the risks to child safety. The case plans (and detention reports in cases where children were placed) used a generic menu of service objectives that often did not fit the family or the risks to the child; safety plans were not included in case plans. This

study of the investigative narratives demonstrates the lack of a consistent countywide method for engaging families in planning how to keep their children safe. This is particularly important because parents who feel ownership of their own plans are more likely to be committed to fulfilling their obligations. Identifying a child's needs with the family, even when the child remains in the home or is placed with a relative, is especially necessary for members of the Katie A. class whose emotional needs may not be well-understood by the family or school. The need is greater still for those children who are separated from their families.

Wraparound Quality Improvement and Expansion

The Panel has provided feedback to DCFS staff regarding the need for improvements in Wraparound services on several occasions. The Panel recommended that DCFS prepare a detailed plan for training Wraparound providers, with the involvement of nationally recognized trainers/consultants who could support the Wraparound providers in redesigning themselves to operate properly. This must occur in order for Wraparound services to expand at a faster pace with well-trained and supervised staff. In addition, Wraparound providers require assistance to develop the capacity to flexibly design services around foster or adoptive homes when birth parents and extended families are not available immediately for a child.

DCFS provided the Panel with a draft Wraparound plan in March 2004. In previous communications to the Department regarding the submission of plans required by the settlement agreement, the Panel set out the following expectations for content and format.

- Discrete steps for implementation
- Specific timeframes and assignment of responsibility
- Scope in terms of individuals served
- Infrastructure, staffing and training changes and supports
- Goals and expected outcomes
- Cost and budgetary projections

The Department did respond with a plan document, but it was not responsive to the expectations previously communicated either in breadth or specificity. The plan lacked strategies and resources for intensive supports, was not sufficiently flexible to respond to individual child needs, lacked integration of effective clinical practice and lacked strategies to offer Wraparound services where children were not already in an appropriate placement. The Panel does not believe that the plan will produce the supports needed by the plaintiff class.

Feedback to the Department Regarding Family Meetings

As described to the court in our first report, family involvement in planning services to assist them in meeting their children's needs should occur in all cases. Other child welfare systems have accomplished this, in part, by having caseworkers skilled at convening family meetings early in each case and as frequently as necessary to tailor the services to

the child and family. This is important for all children, but especially critical for the plaintiff class members due to their often significantly greater needs and the harm they have experienced due to separation from families and their community, separation from siblings, frequent placement and school changes and the absence of normalized placement settings resulting from inappropriate group home and residential placements.

Based on our experience in many other communities, the Panel has strongly discouraged DCFS from relying on Family Group Decision Making and Team Decision Making alone as a substitute for more extensive family decision making meetings. Likewise, we have expressed concern over the approach to Wraparound meetings as employed in Los Angeles (compared to practice elsewhere that is compatible with the Wraparound model), because it is pays insufficient attention to the clinical needs of children.

Having full-time skilled family meeting facilitators available to staff, as is the case with Team Decision Making and Family Group Decision Making, is a useful resource. However, these approaches will not have sufficient resources to provide the early, routine and immediate use of family meetings needed by the plaintiff class.

As the Panel was finalizing this report, DCFS provided a draft entitled "Implementing Family-Centered Team Decision-Making." While we have not had an opportunity to discuss it, this proposes a new approach to family meetings that integrates the best practice of Wraparound, TDM and FGDM into a child need-focused, family-centered, strength-based meeting that could be used throughout every case.

Named Plaintiffs

7 (a) Address service and permanence needs of five named plaintiffs

The Panel has not been directly involved this quarter with the teams working with the named Plaintiffs. The Panel encouraged DCFS to hire a consultant, Neil Brown from Ohio, which it did and he has assisted two of the teams, especially in identifying placement resources.

Two of the named Plaintiffs' court cases have been closed (J in July, 2003 and G in March 2004). G is permanently living with his father out-of-state. DCFS paid for visits there by his mother and his sister and intends to pay the cost of two years of weekly therapy that is not covered by Medicaid.

H, age 11, has been living with his mother since December, 2003 after nearly three years in group care. The SFVCMHC Wraparound team has provided considerable support, including a Delta-T in-home worker who spends time with H in the afternoons before his mother returns from work, an art therapist who reports progress, and help adjusting to a small classroom in a new school in 2/04. Given his long history of trauma, it is likely that H's behavioral problems will return, and the Panel remains concerned about whether the team will be able to arrange a rapid intensification of services to support his mother sufficiently to maintain him safely at home and in school.

K, age 16 1/2, ran away in January, 2004, after she was placed in a group home with 24-hour one-on-one staff. Although she periodically calls her DCFS worker (who has made diligent efforts to locate K and persuade her to return), K remains unsafe. K found her mother, whom she had not seen during the 11 years she has been in care, and her DCFS worker has since assisted K's mother in accessing residential drug treatment. The team contracted with the Sycamores for a foster home and intensive support at any time that she returns.

K has repeatedly left the placements arranged for her by the Sycamores. After two and a half days in the most recent home prepared for her, K left and her whereabouts have been unknown since April 27 although she calls her staff members to tell them that she is safe.

M, who had been in group care most of the time since age 13, moved to an independent living program shortly before her 18th birthday in November, 2004. The change in wrap provider from Starview to Turning Point resulted in improvements for M, including a team that appears to be functioning well and has strong involvement by her therapist. M enjoys her volunteer job working with animals. She has been able to talk about her self-injurious thoughts and her worries about rejection, but she has run away, her school program has not been satisfactory, and she insists that she be allowed to live on her own without DCFS. The challenges continue in helping M stick with the goals she has set for herself and be willing to accept assistance.

In May, 2004, M threatened the program director at Bridges who asked for her immediate removal. Wraparound housed M in a hotel with a child and family specialist for several days until she could be moved into a home affiliated with the San Fernando Valley Community Mental Health Centerís transitional housing program.

IV. PERFORMANCE INDICATORS

As the court recognized in the recent status conference, there is a need for the development and reporting of quantitative indicators of performance to 1), create a baseline of performance against which future progress can be measured and 2), permit the regular reporting of changes in performance that will reflect progress or the lack of it. The measures recommended by the Panel, most of which the Department has agreed are relevant, should provide one set of useful indicators of whether the Department's work is yielding better outcomes for children and families. If children are being protected without the trauma of removal from their families, if children in foster care stay separated from their families for shorter periods, if more children have stable placements with their siblings that avoid repeated new caregivers and environments and if children with emotional and behavioral problems, many of which are caused or exacerbated by the harmful experiences they encounter in custody, receive effective mental health services, that will be evidence of progress toward achievement of the settlement objectives.

In addition to these quantitative measures, other, more qualitative measures of outcomes and performance are also needed. The Panel addresses those measures in this section as well.

The Panel has provided DCFS a list of performance trend indicators, including those identified by the court, that are appropriate for tracking progress toward achievement of the objectives. These indicators, listed below, are organized in reference to the settlement objectives.

Settlement Agreement Objectives

a) ***The plaintiff class shall promptly receive necessary, individualized mental health services in their own home, a family setting or the most homelike setting appropriate to their needs.***

b) ***The plaintiff class shall receive the care and services needed to prevent removal from their families or dependency or, when removal cannot be avoided, to facilitate reunification and to meet their needs for safety, permanency and stability.***

c) ***The plaintiff class shall be afforded stability in their placements, whenever possible, since multiple placements are harmful to children and are disruptive of family contact, mental health treatment and provision of other services.***

d) ***The plaintiff class shall receive care and services consistent with good child welfare and mental health practice and the requirements of federal and state law.***

Outcome and Progress Indicators

Accessible Through Automated Information Systems

Abuse and neglect report rates over time (Objectives b and d) – reflect workload and caseload trends that impact system capacity to respond to child and family needs.

Overall disposition of abuse and neglect reports (Objectives b and d) – reflects the rate at which reports of abuse and neglect are substantiated or unsubstantiated. A low rate of substantiation, for example, could suggest that the system accepts a disproportionate number of cases for investigation that do not merit state intervention, with the result that valuable resources needed elsewhere may be occupied in investigating cases with little basis for state intervention.

Repeated reports of abuse and neglect in the same families, both allegations and substantiated reports (Objectives b and d) – reflect the type of abuse and neglect, and to some extent the accuracy of the assessment and the effectiveness of interventions to prevent reoccurrence.

Abuse and neglect reports on children in out of home care, stratified by kinship placements, family foster care and congregate care (Objectives b and d) – reflect the safety of children in foster care from the abuse and neglect they were removed to prevent, and the incidence of one type of trauma experienced by children in the system.

Reports to the child abuse and neglect hotline and rates of acceptance (Objectives b and d) – reflect to some extent the breadth of the state's definition of reportable abuse and neglect and the accuracy of hotline staff's decisions to accept cases for investigation. These data also identify workload impacts on system staff and resources.

Placement changes (Objectives c and d) – reflect the number of moves and placement disruptions experienced by children in foster care. Frequent placement changes have a significantly harmful effect on children's emotional well-being due to loss of adults to whom they have become attached and on their education, since placement changes usually mean school changes.

Re-entry rates (Objectives a, b and d) – reflects the rate at which children who have returned home experience sufficient recurrent risk or harm to be re-placed in state custody. These data often suggest poor reunification planning and follow-up and additional trauma to children.

Kinship placements (Objectives a, b and d) – reflect the incidence of placements that are within the child's extended family as opposed to placement with strangers and in facilities.

Rates of entry into care (Objectives a, b and d) – reflects the rate at which children are removed from parents and placed in state custody. Trends can suggest the quality of family preservation, family strengthening services and/or the appropriateness of standards used to determine risk and safety. Entry rates have a significant impact on available resources.

Placement in out-of-home care within 12 months after family participation in home-based services (Objectives b, c and d) – reflects the relative success rate of family preservation and other home-based family strengthening interventions designed to prevent abuse, neglect and removal.

Separated siblings (Objectives b and d) – reflect the number of children in state custody who were not placed together with their siblings. These data indicate the quality of planning and the adequacy of resources.

Placement proximity to family (Objectives b and d) – reflect the system's ability to place children close enough to their parents and home community to enable regular parent-child visits to occur and for children to remain in their own school.

Least restrictive setting distribution (Objectives a and d) – reflects the percentage of children placed in family-based settings (home, kinship or family foster care) compared to those who are placed in congregate settings (group homes, residential treatment, hospitals). Children function best in family-based settings, including children with emotional or behavioral disabilities.

Runaway incidence (Objectives a, c and d) - reflects the number and percent of children served who are at risk in a runaway status. High numbers of runaways reflect poor planning and supports for at-risk youth.

Length of stay data (Objectives b and d) - measure how long, using a variety of statistical indicators, children remain in state custody before they obtain permanency or exit due to reaching majority. Long lengths of stay are highly correlated with poor outcomes for children.

Permanency achievement measures (Objectives b and d) – reflects reunification, placement with kin and adoption.

Child exit data, including exit to juvenile justice or other systems (Objectives a, b and d)– The most desirable child exits from custody are through reunification with parents. The least desirable are through reaching majority without permanency and exit to juvenile justice or adult corrections.

Trend Data Accessible Through Other Data Collection Mechanisms

School changes for children in out-of-home care (Objectives c and d)- reflect the extent to which children placed in state custody maintain continuity in their school placement.

Graduation rates (Objective d) – reflect the extent to which children that are in state custody through their teens complete high school.

School performance relative to grade level (Objective d) – reflects the extent to which children in state custody progress academically.

Hospitalizations due to behavior or mental health needs (Objectives a and c) – reflect the system's capacity to provide intensive home and community-based wraparound and other mental health supports that prevent the need for placements in the most restrictive settings.

Psychotropic medication usage (Objectives a and d) – reflects the incidence of use of psychotropic medication, dosage levels, and combinations of drugs and efficacy of medications for children in custody.

Mental health services for children in DCFS custody (Objectives a and d) – reflects the extent to which plaintiff class members receive at least some level of needed services.

Children experiencing Structured Decision Making (All objectives) – reflects the frequency of use of this decision making process.

Children experiencing Family Group Decision Making (All objectives) - reflects the breath of use of this decision-making process.

Children experiencing Team Decision Making (All objectives) – reflects the frequency of use of this decision-making process.

Children receiving Wraparound services (All objectives) – reflects the frequency of use of this individualized intervention.

General and Administrative Data (Relevant to All Objectives)

Number of plaintiff class members – reflects the size of the plaintiff class, compared to other children in the system.

Cost for the plaintiff class – reflects the level of expenditures, trackable over time, for plaintiff class members.

Staff receiving training relative to the needs of the plaintiff class and the four objectives – reflects, at least quantitatively, the efforts to prepare staff to meet the needs of the plaintiff class.

Caseload size - Lower caseloads increase workers' capacity to meet the needs of children and families. Can be compared to national child welfare standards.

Staff composition, by function and profession – reflects the manner in which the system uses and deploys staff, particularly in regard to those providing direct services as opposed to those carrying administrative duties. Can be compared to national child welfare standards.

Resource availability (in-home, out-of-home, Wraparound services, foster care, group and residential, etc.) – describes the amount and distribution of services available to the plaintiff class.

Consumer, provider and staff feedback measures – reflect the experience of children and families, providers and DCFS staff in interactions with the system.

The court requested that the Panel work with the Department to identify qualitative and quantitative data indicators that would inform the court on progress toward achieving the objectives of the Katie A. Settlement Agreement. The Panel developed a list of quantitative outcome and progress indicators (see the attached letter to Dr. Sanders dated February 22, 2004). The Panel met with Dr. Sanders, and his executive team to review

and agree on essential indicators on March 10, 2004. In a letter to the Panel on April 27, 2004 the Department noted that it had

> "further refined the list of outcome measures that it is planning to track concerning the delivery of services to foster children and their families... with a document defining what information will be captured for each of these outcomes. DCFS is currently compiling the baseline data in each of those categories and will forward the data as it is completed. We anticipate that some of the information will be available starting April 26 and additional categories will be available in the 2 to 3 weeks following that. The baseline data will cover the December 2002 to June 2003 on a monthly basis. We then will compile and provide the information from June 2003 in a monthly format, that will be forwarded quarterly." The Panel believes that DCFS will provide the court with this list of outcome measures.

The Department agreed to define the methodology for reliable and valid collection of the data, and to propose a model analysis plan, which would stratify the overall population so a comparative analysis of the member class could be performed. The Panel remains concerned that collecting the data from the current CWS/CMS information system may not be sufficiently accurate. Further assessment of data integrity is needed.

In March, we reached consensus with Dr. Sanders and his team regarding all but five of the indicators: separated siblings, out-of-home-care incident reports, school changes, graduation rates, and attendance at school. The Department followed up, "DCFS believed that such information, while relevant to the overall functioning of the child welfare system, did not involve issues directly related to the Katie A. litigation. As you can see from the enclosed descriptions of data being gathered, DCFS has agreed to provide much of that information, including whether children are living with siblings, runaway incidents, and psychotropic medication usage. While the panel requested information regarding out-of-home care incident reports, DCFS has limited the information being provided to incidents of abuse and neglect in out-of-home care. This will not include incident reports concerning accidental injuries to children in out-of-home care, or items stolen or damaged, etc. The Panel also requested educational information regarding school performance and disruptions. DCFS reports that such information is not reliably reflected in CWS/CMS because it is not mandatory information that must be completed by the social workers. Thus, in order to provide complete information, we would need to collect it by case review. Because of the difficulty of that, DCFS is not planning to provide that data at this time" (letter from Catherine Pratt on April 27, 2004, Attachment 4).

As the Panel was finalizing this report, DCFS provided some baseline data in the categories described above but we have not had the opportunity to discuss it. This will be one of our activities at our next Panel meeting. We are impressed with the amount of data in the DCFS information system. Concern remains about the plans DCFS has to use each piece of information to improve practice. For example, the baseline data include the finding that in June, 2003, 54% of children in DCFS custody were separated from their

siblings, with 28% living with none of their siblings. It is an important goal to maintain children's attachments to siblings. Yet we do not see in the DCFS matrix specific steps that will be taken, using this information, to increase the number of children living with their siblings. Likewise, DCFS is producing data on the number of children in group care, and it is an important goal for children to live with families. What is the specific plan for reducing the number of children in group care and increasing the number of children with families, which will require additional support services for relatives and specialized recruitment of foster families? What specific plan does DCFS have to help group care providers use their buildings and staff differently while diversifying into treatment foster care, for example, instead of group care?

The Panel had requested information from DMH on the utilization of mental health services by children in DCFS custody based on Medi-Cal billings. As the Panel was finalizing this report, DMH produced an eight-page document entitled "Mental Health Services to Children under DCFS Supervision, FY 2002-3. We have not had the opportunity to discuss these findings, but the report itself was heralded by DMH and DCFS as a first.

Other Essential Measures – Qualitative Indicators

Quantitative indicators like those described previously are critical to measuring progress toward outcomes. However, they do not provide a complete picture of performance, in that they don't reveal what is happening to produce those trends. It is important to know, for example, how many times children in DCFS custody are forced to change placements. But it is equally important to know why children are changing placements frequently and quantitative data cannot provide that explanation.

A complete picture of outcomes and system performance must rely on both quantitative indicators and qualitative analysis to not only measure progress, but also to understand why it is not occurring. For that reason, the Panel recommended that it and the Department expand the analysis of indicators beyond quantitative measures to also include periodic qualitative assessments of practice.

Returning to the example of children changing placements frequently, experience in other settings using qualitative assessments to evaluate instability often reveal a number of explanations, including:

- The failure of the system to adequately assess the child's needs and consequently placing the child in an unsuitable setting or failing to match the right services to needs;
- Failing to include input of the youth into the agency's plan for care;
- Failing to provide supports and services to the foster or relative caregiver, who is unable to deal with the youth's challenging behavior without additional help; and/or
- System assumptions that moves of children with emotional and behavioral problems are inevitable and the fault of the child.

Similarly, qualitative assessments will identify many of the reasons for other system weaknesses that cause the unneeded removal of children from their parents, excessive lengths of stay in state care or lack of permanency, for example, which is reflected in the quantitative data.

The method for evaluating qualitative performance is more complex and time consuming than analyzing data. It requires the discovery of the actual experience of a sample of children and families through in-depth interviews, not only with children and families, but also with other formal and informal case contributors, and service providers, such as foster parents and therapists. While time consuming, even a small sample of cases can produce invaluable information about practice changes that must occur.

Until system practice and functioning at the case level is understood, it is impossible to craft effective system change strategies to improve outcomes. The Panel believes that the completion of a qualitative review will provide DCFS essential data it needs to develop functional plans.

The Panel is not in a position, given the resources available to it, to undertake a qualitative review of class members in DCFS custody. The Panel, however, requests that resources be allocated for the Panel to undertake a qualitative review of approximately fifty Katie A. of class members for the purpose of providing DCFS and the court with an appraisal of practice. The Panel would recruit, where possible, professionals in LA to conduct these reviews alongside experienced reviewers with whom Panel members have previously worked. The Panel would provide training and oversight to reviewers.

The cost for a 50 case child and family qualitative review is difficult to determine without further discussion with DCFS. The Panel is recommending that the Department engage in further discussions with the Panel about how to estimate the costs of such a review and carry it out.

V. DEFINING THE PLAINTIFF CLASS

The Panel recognizes that at this point DCFS cannot identify which children are in the Plaintiff class. Doing so would require a consistent individual mental health assessment on as many as 25,000 children and a method for capturing mental health needs in an information system. This assessment would have to be sufficiently sensitive to identify children at risk of increasing mental health needs. To analyze the costs of providing services for the Plaintiff class would require entering financial information in an information system for those children. Neither of these data bases now exist, but each is feasible. In addition, obtaining accurate data on the mental health needs of the children served by the department will continue to be difficult unless the information systems of the Departments of Mental Health and Children and Family Services are redesigned to identify children being served by both.

The Plaintiff class could be defined categorically to arrive at an estimate of size and need. For example, all children in DCFS custody in Wraparound programs, D-rate homes, and RCL 10 and higher group homes by definition have significant mental health needs. Children receiving mental health services from public and private mental health agencies, which may be tracked through Medi-Cal billing, have significant mental health needs. At a minimum, these children are in the Plaintiff class.

DCFS indicated that it would provide information on "the number of children in the class as of July 2002 and on an annual basis thereafter [and] costs of services to plaintiff class" (April 27, 2004 letter from Catherine Pratt). It is unknown how the Department will do so other than through the information to be provided by the Department of Mental Health: " Treatment information including services to children in foster care and to children throughout the County in the following categories: outpatient services (including therapy, medication consultations and T.B.S.), day treatment services and 24-hour services (including psychiatric hospitals and therapeutic group homes); information regarding the length of treatment; cost information for those services per child; demographic information regarding the children served, including age, gender, ethnicity, service planning area; psychotropic medication information including the number of children receiving medications and the types of medication" (April 27, 2004 letter from Catherine Pratt). The impetus for the Katie A. case was that children in DCFS custody with mental health needs were not receiving services, so using information from DMH on services billed could be a substantial underestimate of children in the class.

The Panel proposes to begin to size DCFS children's mental health needs with an estimate of the class starting with the categories described above. However, it appears that DCFS does not routinely collect data about the mental health needs of children who come in contact with the department. The panel believes strongly that at a minimum a point in time screening of mental health needs of the current child welfare population should be undertaken to establish a current baseline of mental health need. Without a clear understanding of children's mental health needs, it is impossible to evaluate the capability of the system to effectively meet those needs or to do an adequate comparative analysis of the impact of system changes on the accessibility of mental health services for at-risk children. The Panel is hoping to learn more from the pilot of a multidisciplinary comprehensive assessment for children entering DCFS in two offices--we have not seen the instrument being used nor the training curriculum for staff in using it, nor do we know the degree to which it reflects the kind of practice needed to achieve the outcomes of the settlement. Neither do we know how quickly DCFS plans to expand the use of an assessment tool refined in the pilot.

VI. RESPONSE AND PROGRESS BY THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES

At our request for an update of all of its ongoing initiatives, DCFS provided the Panel with an 18-page matrix containing "Broad Systemic Initiatives" and "Service and Program Initiatives" as we were preparing this report (we believe the Department will be submitting it to the court). We have not had an opportunity to discuss much of what is

contained in the matrix with the Director and executive team. We were glad to see that Priority Outcomes and Standards of Care were the foundation for implementation. Many of the major categories are consistent with the priorities the Panel views as critical for ensuring that class members get the services to meet their needs in the least restrictive setting, for example: increasing child safety through improvements in the hotline and investigations, expanded family preservation services, expanded Wraparound services, enhanced support for kinship families, and decreasing time to adoption.

Our concern is the Department's capacity to carry out these initiatives, which is evidenced in the lack of depth in the implementation strategies on the matrix. The Department has over 4,000 caseworkers and hundreds of supervisors in its 16 offices and contracts with hundreds of FFAs, private mental health, family preservation and other providers to offer most of the primary care to children and families: sweeping changes in practice in protective services, supporting families, kinship care, foster care, group care or adoption require a major training/coaching program that the Department has not developed a plan to implement.

In addition, while the Waiver that the Department has submitted for approval has the promise to provide the Department more flexibility in the design and delivery of services, there is not yet a plan for using this flexibility to change practice at the front line. We think that plan must be developed.

VII. NEXT STEPS BY THE PANEL

The Panel is currently conducting a small study of young children in-group homes.

The Panel is currently conducting a small study of children in D-rate foster homes and relative homes for whom additional financial support is provided because of their emotional needs.

The Panel plans an inquiry into children in DCFS custody in psychiatric hospitals. In addition, the Panel will learn more about the process for children in relative care and foster care getting mental health services and how DCFS, DMH and private mental health providers work together to respond to children's mental health needs.

The Panel is exploring a proposal to the Department to utilize a recognized expert to assess the needs of children placed in group homes and residential treatment and the appropriateness of their placements.

The Panel will again ask DCFS for a response to its study of the status of children discharged from the MacLaren Children's Center. To date, no response has been provided.

The Panel has asked David Ambroz to convene meetings with teenagers in DCFS custody to learn about how their placements in group homes are preparing them to become successfully independent. Given the large number of teenagers in care who

appear unlikely to be provided with permanent homes, this study will be of great value and will be a good way to utilize Mr. Ambroz' unique skills and interests. The Panel expects that study to take place over the summer.

The Panel will complete a separate report on the training capacity and training challenges within DCFS.

The Panel will be happy to provide additional information to the court, as needed. Also, the Panel will next meet in Los Angeles on July 15 and the morning of July 16, 2004, if the court wishes to have further contact with the Panel members when we are in Los Angeles.