

**IMPLEMENTATION EVALUATION OF THE LA COUNTY ENHANCED SPECIALIZED FOSTER CARE MENTAL HEALTH SERVICES PLAN**  
**BY**  
**HEALTH MANAGEMENT ASSOCIATES**

OVERARCHING ISSUES	SPECIFIC ISSUES	WAYS TO RESOLVE	ACTION TO BE TAKEN
A. Operational Issues	<p><b>1. Co-Location</b></p> <p>a) Process for referral and coordination continues to vary across Service Areas.</p> <p>b) Ensure sufficient resources are available to support refinement of the plan.</p>	<p>a) <b>Promote uniformity of process and coordination by developing policies and procedures specific to the Plan.</b></p> <p>b) <b>Clinical Director position for the Child Welfare Division</b></p>	<p>DCFS in conjunction with DMH will write clear <b>and consistent policies</b> and procedures and provide <b>training</b> to both departmental staffs. The conceptual development of the Coordinated Screening and Assessment Team (CSAT) is intended to aid in this process; written policies are to be developed by DCFS and DMH for their respective staff by August 2008.</p> <p>DMH plans to hire an additional Program Head position during the first quarter of FY 2008-09. This Program Head will assume the role of Clinical Director for the Child Welfare Division.</p>
	<p><b>2. Information Sharing</b></p> <p>a) Lack of clarity regarding each entity's responsibilities.</p> <p>b) Lack of access to information.</p>	<p>a) <b>Develop clear policies and procedures that clarify roles and responsibilities of staff from the different departments.</b></p> <p>b) <b>Develop data systems that support timely and efficient sharing of all information.</b></p>	<p><b>As indicated above, policies</b> and procedures will be developed by DCFS and DMH for their respective staff outlining each Department's roles and responsibilities, and joint training will be provided on a rolling basis by SPA/DCFS regional office commencing in the fall of 2008. Written policies are scheduled to be developed by August 2008.</p> <p>Development of the Family Centered Services (FCS) Referral Tracking System for DCFS is currently underway, and it will link with the DMH Captaris or .Net referral tracking system. It will take some time to develop these systems, a timeline will be incorporated in the strategic plan</p>

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			outlining the major tasks and completion dates.
	<p><b>3. Service Area Variation</b></p> <p>a) Significant variation in program operations across Service Areas regarding Mental Health Screening and Assessment; HUB operations; Sharing of information; Documentation; Co-located team practices; Coordination of a child's total needs; Access to, and provision of, mental health services; and Outcomes of children.</p>	<p>a) <b>Develop policies and procedures specific to the Plan with input from all departments; Develop training programs addressing specific topics for which uniformity across Service Areas is critical, such as the role of each entity in providing Specialized Foster Care services.</b></p>	<p>Development of the CSAT &amp; related FCS and Captaris or .Net referral tracking systems will address the deficiencies cited in relation to resource/service variation among the SPAs. DCFS and DMH will work collaboratively to develop their own consistent policies outlining their respective Department's staff requirements to carry out duties related to the CSAT, Referral Tracking System, D-Rate, TDM, Medical HUB, Wraparound, Specialized Foster Care, Consent for Mental Health Treatment, Community Response Services, Alternative Response Services, Psychological Testing of DCFS-Supervised Children, Intensive Services Disclosures of Health And Mental Health Information to and From County Departments Providing Services to a Child/Youth, and Health and Education Passport (HEP).</p>
	<p><b>4. Staffing</b></p> <p>a) Challenges in recruiting, retaining and training staff with the appropriate experience and expertise.</p> <p>b) Challenges in</p>	<p>a) <b>Develop strategies like career ladders, salary adjustments, bonuses, flexible work schedules, educational leave and other incentives designed to attract and retain professionals; Address workplace issues such as caseload size and work environment.</b></p> <p>b) <b>Undertake recruitment efforts</b></p>	<p>Hiring pushes, both in DCFS and DMH have resulted in fewer vacancies to implement key aspects of the CAP/strategic plan. As of June 2008, out of 72 positions at DCFS only 4 remain unfilled and at DMH out of 101 positions, 61 positions have been filled.</p> <p>The issue of caseload reduction is a top priority for DCFS and strategies are being developed to address this issue. The Strategic Plan will outline how DCFS will improve its line staff</p>

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	<p>recruiting and retaining an adequate number of qualified, culturally and linguistically appropriate providers and staff, particularly psychiatrists.</p>	<p><b>targeted to professionals and providers with cultural and linguistic skills.</b></p>	<p>hiring, retention, support and training.</p> <p>Additionally, recruitment and retention of qualified staff is a Countywide concern and HR is working to address these global issues. DMH and DHR have provided targeted outreach efforts to universities/professional organizations to attract qualified staff, particularly those that are culturally &amp; linguistically competent. Activities such as hiring fairs, where qualified candidates can be hired on the spot pending background checks etc. is helping to expedite the hiring process for critical vacancies.</p> <p>For example, DMH conducted a hiring fair on March 29 from 10-3 p.m., which was widely promoted and resulted in attracting a pool of qualified job applicants for the department to consider.</p>
	<p><b>5. Training</b></p> <p>a) Policy guidance and training are needed in Evidence Based Practices; Services for specialized populations, particularly for children ages 0-5; Confidentiality and information sharing; The OMA; and Medi-Cal billing policies and procedures.</p>	<p>a) <b>Develop additional policy guidance and training for providers in Evidence Based Practices; Services for specialized populations, particularly for children ages 0-5; Confidentiality and information sharing; The OMA; and Medi-Cal billing policies and procedures.</b></p>	<p><b>Cross-training has been provided</b> through the mutual training divisions. D-Rate does it with DMH on a regular basis with excellent results. There will be joint training sessions for DMH &amp; DCFS staff, once the policies/procedures &amp; training curriculum for the CSAT has been completed. Monthly joint staff meetings with DMH/DCFS are occurring through the Local Interagency Operations Networks (LIONs) and the Central Katie A. Operational Planning Workgroup to discuss CAP implementation issues in SPAs 1,6, &amp; 7. Deficiencies cited in the HMA report are largely addressed through the</p>

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			<p>CSAT &amp; related training supporting implementation.</p> <p>DMH has been providing specialized training programs for contact mental health providers related to the assessment and treatment of 0-5 children in anticipation of the Mental Health Services Act Prevention and Early Intervention funds. DMH has also developed and implemented a training related to the unique Wraparound program activities and their relationship to specific Medi-Cal claiming opportunities. Selected Service Area One mental health providers are scheduled to receive training in five evidence-based practices during the first quarter of FY 2008-09.</p>
<p><b>B. Screening, Assessment &amp; Access to Services</b></p>	<p><b>1. Screening/Assessment</b></p> <p>a) No data is currently available to track mental health screening, assessment, and linkage to, and receipt of, mental health services by child to ensure activities are being completed as required.</p>	<p>a) <b>Undertake an assessment of the effectiveness of the current process for completion of mental health screening and assessments; address access issues specific to the HUBs.</b></p>	<p>The implementation of the CSAT &amp; referral tracking systems for both DCFS &amp; DMH (FCS &amp; Captaris or .Net) will resolve many of the deficiencies cited in regards to all detained children being screened, timeliness of screens, timeliness of assessments etc. We know that the current process is not effective &amp; that is the reason for implementing the CSAT &amp; related tracking systems for both departments.</p> <p>The expansion of the medical hubs is a top priority for the County. Roughly 60% of all detained children receive a medical evaluation at a hub, the remainder are evaluated in the community. The objective is to open up a 7<sup>th</sup> hub early next year.</p>

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	<p><b>b)</b> The results of the mental health screening are reportedly not being routinely shared with co-located DMH staff.</p>	<p><b>b)</b> <b>Ensure all individuals involved in planning and implementing services for the child have timely access to needed information.</b></p>	<p>A written policy has been prepared regarding the use of the Mental Health Screening Tool at the Medical Hubs and the transfer of this information to specific individuals, including PHNs and DMH staff, within each of the DCFS Regional Offices.</p> <p>By establishing links between the two tracking systems (FCS and Captaris or .Net) DMH &amp; DCFS will readily know the status of a referral &amp; service receipt. Note these systems are being discussed and reviewed with County Counsel to ensure that no SACWIS, HIPPA, or other confidentiality regulations are in violation.</p>
	<p><b>2. Mental Health Services</b></p> <p><b>a)</b> Evidence Based Practices have not yet been implemented. Therefore, some children do not yet have access to mental health services provided in the most homelike setting appropriate to their needs.</p>	<p><b>a)</b> <b>Train DCFS and co-located DMH staff about Evidence Based Practices (EBPs) and their appropriate utilization; Identify providers interested in becoming a part of a network of providers of EBPs; Facilitate access to training for providers in the implementation of EBPs; Develop a system to track access to EBPs; and have the resources necessary to ensure EBPs are implemented appropriately.</b></p>	<p>More training is occurring with EBPs, some of these services are new to the County and will take some time to implement on a large scale. EBPs are now implemented, as per the initial County Plan, in Services Areas Six and Seven with implementation of these practices to follow in Service Area One during the first quarter of FY 2008-09. EBP implementation has been supported with staff employing the CIMH Community Development Team approach, developed specifically to support the successful implementation and sustaining of EBPs.</p> <p>MTFC training took place in January &amp; ITFC providers were trained in Trauma-Focused Cognitive Behavior Therapy in April. The first</p>

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	<p>b) There is no method to fund mental health services for detained children who do not have full-scope Medi-Cal (e.g., undocumented children).</p>	<p>b) <b>Address and clearly define how services should be funded when children are enrolled in HMOs and/or have private insurance; Address concerns raised by both providers and staff about Medi-Cal billing, including documentation requirements, audit exceptions and related issues; Facilitate training and policy guidance to</b></p>	<p>ITFC &amp; MTFC placement occurred in April. The difficulties in growing these programs are connected to the recruitment and certification of foster families. Some of the activities put in place to address the expansion of TFC include:</p> <ul style="list-style-type: none"> <li>• Put a new manager over TFC and started working very closely with RUM unit as an alternative to continued residential care for children whose needs are not being addressed in these group settings;</li> <li>• Conference calls with providers for both ITFC and MTFC are occurring weekly to improve communication and strategize ways to grow the program;</li> <li>• Meet regularly with DMH co-located staff to collaborate more closely on process on identifying and referring children;</li> <li>• Meet with CCL staff to find ways to expedite foster parent clearance process;</li> <li>• Continue to meet with Dependency Court staff, attorneys, judges, and CASAs to promote program and clarify goals and processes.</li> </ul> <p>The CSAT &amp; related FCS referral tracking system will have pre-populated information including Medi-Cal eligibility from the DPSS Single Index System. For those children that are not EPSDT eligible, the Service Linkage Specialist (SLS), one of the members of the CSAT, will direct the CSW to a community provider to treat the child's mental health and/or educational, developmental needs, etc. Training on the CSAT will occur in the fall of 2008 for</p>

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	<p>c) There are issues with access to services provided by an adequate number of providers capable of addressing the cultural and linguistic needs of foster children.</p>	<p><b>ensure that these issues are adequately addressed; and Address the need for other funding resources to ensure access to needed services for all children in foster care who have mental health needs.</b></p> <p>c) <b>Develop a regularly updated inventory of available providers, the types of services they offer, their capacity, their locations and availability; Review and revise County’s contracting procedures with providers to enable more ready ability to amend contracts to add more “slots”, to promote access to EBPs and fill gaps in the services system; and Work with universities and professional organizations to recruit professionals with cultural and linguistic skills.</b></p>	<p>SPAs 1,6, and 7, the FCS system will come on-line at a future date in 2009.</p> <p>DMH is in the process of hiring staff to support training regarding the maximization of EPSDT revenues for the various activities associated with the Specialized Foster Care Programs, including the co-located DMH programs and the planned Child and Family Teams and Intensive Home-Based Services programs.</p> <p>With the development of the DMH Cognos Cube information on providers’ available openings, locations, and services are available. This information will now be tracked to determine utilization rates across the County for various EBPs according to SPA and/or Supervisorial Districts.</p> <p>Contracting processes countywide are being reviewed by the Deputy Chief Executive Officer, Ellen Sandt, over Operations. Strategies to streamline these processes are under development.</p> <p>DMH and DHR have done targeted outreach efforts to universities/professional organizations to attract qualified staff. A portion of the hiring efforts have specifically targeted recent graduates, receiving tuition assistance from DMH, who are now filling critical vacancies in programs across DMH such as Specialized Foster Care. Activities such as hiring fairs, where qualified candidates can be hired on the</p>

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			<p>spot pending background checks etc., are helping to expedite the hiring process for qualified staff as well.</p> <p>DMH is planning to augment funding of the co-located DMH staff with Net County Cost dollars to increase their capacity to serve those clients that are not Medi-Cal eligible or to provide those services that are not Medi-Cal reimbursable.</p>