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March 31, 2010

To: Supervisor Gloria Molina, Chair  
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FROM: Marvin J. Southard, D.S.W.  
Director of Mental Health

Patricia S. Ploehn, L.C.S.W.  
Director of Children and Family Services

**SUBJECT: KATIE A. IMPLEMENTATION PLAN QUARTERLY UPDATE**

On October 14, 2008, your Board approved the Katie A. Strategic Plan, a single comprehensive and overarching vision of the current and planned delivery of mental health services to children under the supervision and care of child welfare as well as those children at-risk of entering the child welfare system. The Strategic Plan provides a single roadmap for the Countywide implementation of an integrated child welfare and mental health system, in fulfillment of the objectives identified in the Katie A. Settlement Agreement, to be accomplished over a five-year period, and offers a central reference for incorporating several instructive documents and planning efforts in this regard, including:

- Katie A. Settlement Agreement (2003)
- Enhanced Specialized Foster Care Mental Health Services Plan (2005)
- Findings of Fact and Conclusions of Law Order, 2006, issued by Federal District Court Judge Howard Matz
- Health Management Associates Report (2007)
- Katie A. Corrective Action Plan (2007)

The Strategic Plan describes a set of overarching values and ongoing objectives, offers seven primary provisions to achieve these objectives, and lays out a timeline by which these strategies and objectives are to be completed. The seven primary provisions include:

- Mental health screening and assessment
- Mental health service delivery
- Funding of services
- Training
- Caseload reduction
- Data/tracking of indicators
- Exit criteria and formal monitoring plan

The Strategic Plan also provides that the Department of Mental Health (DMH) and the Department of Children and Family Services (DCFS) inform your Board regarding any revisions to the implementation of the Strategic Plan by March 2009, and report quarterly thereafter. Since the Strategic Plan encompasses the initial Enhanced Specialized Foster Care Mental Health Services Plan and the Katie A. Corrective Action Plan (CAP), this report will also describe any significant deviations from the planning described in those documents.

The Departments conducted an annual assessment in January 2010 to evaluate the effectiveness of Strategic Plan implementation, plan financing, and status of efforts to maximize revenue reimbursement. Previous quarterly reports were submitted on implementation activities on June 30, 2009 and September 30, 2009. This memo serves as the fourth update to our progress in implementing the Strategic Plan.

### **Implementation Support Activities**

A number of activities were conducted during this period to support the implementation of the Strategic Plan.

- DCFS Director Trish Ploehn, and DMH Director Dr. Marvin Southard, issued a joint memorandum regarding the role of the DMH co-located staff in responding to consultation requests from DCFS Children's Social Workers (CSWs).
- DCFS Medical Director Dr. Charles Sophy, DCFS Katie A. Division Chief Adrienne Olson, DMH Deputy Director Olivia Celis, and DMH Child Welfare District Chief Greg Lecklitner have completed Katie A. Strategic Plan presentations in all 18 DCFS Regional Offices, Adoptions, and Medical Case Management Services. These presentations provided an overview of the Strategic Plan's basic elements as well as a forum to engage in dialogue with Regional Office staff regarding implementation issues. Presentations were also made to Dependency Court Officers, Family Preservation, County Counsels, Los Angeles Dependency Lawyers, Children's Mental Health Providers, and Medical Hub personnel.
- On January 22, Chief Executive Office (CEO), DCFS, DMH, and County Counsel representatives met with the Katie A. State Negotiations Team and Special

Master Rick Saletta, to discuss the Katie A. implementation efforts in Los Angeles County.

- CEO, DCFS, and DMH continue to participate in a variety of Katie A. related meetings, including monthly Executive Leadership Team meetings, bi-monthly Project Leadership Team meetings, bi-weekly Specialized Foster Care Managers meetings, and monthly Katie A. Operation's meetings. Departmental managers and Katie A. Advisory Panel members are also provided with monthly Katie A. updates.
- Monthly progress reports have been prepared for your Board providing updates on the rollout of the screening, assessment, and treatment elements of the Strategic Plan, including Referral Tracking System (RTS) Summary Data Sheets.
- DCFS continues to develop and maintain the Katie A. Website.
- DMH and DCFS implementation efforts related to the Strategic Plan continue across 18 major activity domains and the progress of these workgroups is being documented in individual Project Data Sheets.
- DCFS has now hired 79 of the 81 positions allocated in the Strategic Plan and DMH has hired 29 of the 42 positions allocated.
- Department representatives from DCFS, DMH, CEO, and County Counsel participated in a two and one half day meeting in December with the Katie A. Advisory Panel, discussing training activities, data collection, and Treatment Foster Care. A panel comprised of Coordinated Services Action Team (CSAT) team members from Service Planning Area (SPA) 7 provided the Panel with an overview of initial and ongoing implementation. The Panel members had the opportunity to inquire about their "on the ground" experience.
- DMH District Chief Greg Lecklitner continues to participate as a member of the Katie A. State Negotiations team, working toward a settlement of the Katie A. State case.

Additional implementation activities associated with the Strategic Plan, organized according to the basic elements of the Plan, are described below.

### **Mental Health Screening and Assessment**

The Strategic Plan describes a systematic process by which all children on new and currently open DCFS cases will be screened and/or assessed for mental health services. Nine Project Teams comprise the Screening and Assessment component of the Plan as follows: 1) Medical Hubs; 2) Coordinated Services Action Team (CSAT);

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3) Multidisciplinary Assessment Team (MAT); 4) Referral Tracking System (RTS); 5) Consent/Release of Information; 6) Benefits Establishment; 7) D-rate; 8) Team Decision-Making (TDM), Resource Management Process (RMP); and 9) Specialized Foster Care (SFC). Significant progress continues to be made by each of these project teams.

Medical Hubs: From July 2009 through December 2009, 77% of newly detained children received an initial medical examination at a Hub. During this quarter, the DCFS Training Section provided training to all of the Medical Hub personnel on the completion of the Mental Health Screening Tool (MHST). The goal of the training was to provide assistance to the Hub staff in completing the mental health screens properly and also to assist in standardization of the forms across all of the Hubs. Further, the Child Welfare Health Services Section provided presentations to DCFS Regional Office staff on the utilization of Medical Hubs Procedural Guide, including completion of the revised Hub Referral Form and on completion of the revised Notice to Caregivers Form. The purpose was to ensure CSWs and Supervising Children's Social Worker (SCSWs) are accessing the Hubs appropriately.

Moreover, in January 2010, the utilization of the Hub Policy was revised to reflect the Ninth Circuit Court of Appeals ruling as it pertains to forensic evaluations. Additionally, the agreement for a web-based patient information system, E-mHub, is targeted to be approved by your Board on March 30, 2010. E-mHub will allow the Hub referral information to be submitted electronically from DCFS to the Hubs and will also allow results to be submitted back to DCFS in a PDF file for cutting and pasting into the Child Welfare Services/Case Management System (CWS/CMS). Finally, a comprehensive plan, which included the allocation of out-stationed CSWs at each of the six Department of Health Services Medical Hubs, Public Health Nurses (PHNs), and DMH co-located staff at DCFS' after-hours Emergency Response Command Post (ERCP), was developed to ensure that 100% of newly detained children are seen at the Hubs and to address other aspects of quality assurance tasks. However, due to the County's current funding constraints, this plan is being revisited to determine how resources can be effectively maximized.

CSAT: On May 1, 2009, CSAT was implemented in SPA 7 (the Belvedere and Santa Fe Springs offices). On August 1, 2009, CSAT was implemented in SPA 6 (the Compton, Wateridge and Vermont Corridor offices). SPA 1 (Lancaster and Palmdale offices) implemented CSAT in September 2009. All Phase I offices have implemented CSAT and the hiring of 20 additional staff to support the CSAT process in the Phase II offices has been completed.

Following the full implementation of CSAT in the Phase I offices, your Board commissioned a first year Implementation Evaluation. The results of this study completed in January 2010, in conjunction with input from your Board and a review of 51 DCFS children's cases resulted in the redesign of the screening tool, policies/procedures, the tracking system, and training curriculum. The proposed

redesign delayed the rollout of CSAT to DCFS offices not yet trained. A new CSAT rollout schedule is expected to be completed by June 2010. Those offices already trained and implementing CSAT (in SPAs 1, 6, 7, El Monte, and Pomona) will be retrained and will implement the new procedures first, followed by the remaining offices.

From the time that CSAT was implemented in Phase I offices to March 10, 2010, 9,440 children with open DCFS cases received mental health screens, meeting a 96% compliance rate of children requiring a screen. Of those children, 94% who received a positive screen were referred for mental health assessments, and of those deemed to be in need of mental health services, 91% were linked to mental health services.

According to the Katie A. first year Implementation Evaluation, comprised of information collected across 27 focus groups in all seven Phase I offices, CSAT is viewed as a structure that has brought greater order, efficiency and accountability to assessment and linkage services. The Implementation Evaluation reports, "CSWs underscored that the CSAT brings together staff with special skills, knowledge, resources and networks to ensure that children who are newly detained, non-detained or with existing cases are appropriately and efficiently assessed and linked to services."

Now that Service Linkage Specialists (SLS) in the Phase I offices have ensured the mental health screening, referral, and service linkage of children in existing cases, the SLS are able to devote more time to developing community based resources that can serve Medi-Cal ineligible children. The SLS in all offices are partnering with Department of Public Social Services (DPSS) co-located Linkages staff to help more families get enrolled in Medi-Cal and access adult services available through DPSS. The SLS are cross-trained to perform the DCFS MAT Coordinator function to process MAT referrals in the event the MAT Coordinator is out of the office.

In order to further refine the organized, timely, and comprehensive delivery of services across the spectrum of current programs, the SLS manager is now working with managers from D-rate, Wraparound, Family Preservation, and Treatment Foster Care to create a more inclusive referral process that will expedite linkage from the CSAT to these programs when appropriate. SLS and MAT Coordinators will identify Wraparound eligible children on new cases in order to offer earlier, more intensive interventions with the goal of reducing the child's length of stay in care.

MAT: Countywide MAT implementation was effective as of October 2009. From October 2009 to January 2010, there were 1,446 MAT referrals made and 1,177 MAT assessments completed.

In January 2010, seven DCFS offices referred 90% - 100% of all MAT eligible children. Five offices referred between 70% - 80% of all MAT eligible children and the remaining five were still ramping up and below 70%. Currently, seven of the eight SPAs are referring over 70% of eligible children. SPA 1 continues to have provider capacity issues. As of January 2010, SPA 1 referred 26% of all eligible MAT children.

DCFS MAT Coordinators are working with DMH and the MAT agencies to identify more children who are eligible for Wraparound and D-rate earlier. MAT staff (DMH, DCFS and MAT agencies) meet at the SPA level on a regular basis to address MAT issues specific to the regional office and the providers in that SPA. A MAT Operations Workgroup composed primarily of experienced MAT providers, DCFS and DMH managers is working to standardize and refine the MAT process, improve the quality of MAT reports and overcome barriers that prevent MAT agencies from completing the Summary of Findings Report (SOF) in time to be considered by the court at Dispositional Hearings. DCFS MAT Coordinators are closely monitoring the dispositional date of cases referred for MAT and are sending reminders of the date to the agencies. DCFS has also worked with the Dependency Court to create a one-page template that can be submitted to the Court in the event that a MAT assessment will not be completed in time for the Dispositional Hearing. This one-page template provides a summary of the MAT agency's recommendations that the court can use so they can make orders regarding the child's case plan.

DMH has issued a MAT Program Practice Guidelines document that outlines the scope of work for MAT providers, quality improvement protocol and MAT checklist. These protocols are now being implemented in an effort to evaluate and improve the quality of the MAT Program. DMH is also convening a MAT Best Practices Workgroup to further refine the assessment process and ensure the MAT SOF Report is completed in line with recommendations made by the Children's Services Investigation Unit.

RTS: The Referral Tracking System is currently operational on the DCFS side in a total of seven DCFS regional offices in SPAs 1, 6, and 7. As of March 10, 2010, 9,440 children received mental health screens since implementation on May 1, 2009, and were tracked through the RTS for referral and mental health service linkage. DCFS and DMH continue to meet on a bi-monthly basis to further refine the accuracy of the RTS as lessons are learned. Beginning May 30, 2009, detailed summary data reports have been produced and submitted to your Board on a monthly basis. Additional information related to the RTS is provided in the "Data/Tracking of Indicators" section below.

Consent/Release of Information: DCFS and DMH, in concert with their respective County Counsels, have developed procedures and forms to provide for the consent for mental health services for referred children, as well as the authorization to release protected health information for purposes of the child's care and coordination of services. Recommendations from children's and parent's attorney groups have been received and incorporated in the forms and finalization is imminent. Meetings with the Children's Law Center, the Los Angeles Dependency Lawyers, Judicial Officers, County Counsel, DMH and DCFS management continue to take place in an effort to finalize language and protocols related to the securing of consent and the authorization to release information.

DMH is currently finalizing a protocol that will allow for an exception to the DMH policy regarding the use of protected health information in e-mails. This protocol will allow

DMH co-located staff and DCFS CSWs to communicate client information via the internet.

DMH is also finalizing a practice guideline related to consultation requests involving adult mental health information. The guidelines will allow DMH co-located staff to share adult caretaker mental health information in certain circumstances through the formation of a multidisciplinary team.

Benefits Establishment: A process for benefits determination for all new and existing cases has been established in support of CSAT implementation.

In August 2009, the CSAT team of MAT Coordinators, SLS, and CSAT clerks were given access to the MEDSLITE benefits establishment system. MEDSLITE is a condensed version of the Medical Eligibility Determination System (MEDS) that assists its users in quickly determining a child's Medi-Cal eligibility status. DCFS has developed a Benefits Establishment User Guide for SLS and MAT Coordinators that serves as an instructional guide for the use of MEDSLITE, incorporating information that applies to programs available to DCFS families. The timely determination and accuracy of a child's benefits assist the DCFS and DMH staff to link an identified child to the most appropriate mental health services for all new and existing cases for CSAT implemented offices.

CSAT staff engage in a close collaboration with the DPSS co-located Linkages staff to help more children who live with relatives and in their parents' home to become Medi-Cal eligible, receive income support, job training, substance abuse treatment and domestic violence interventions for which they qualify. DCFS managers work closely with DMH Revenue Management staff to better understand and resolve eligibility concerns expressed by DMH providers.

D-rate: In addition to the D-rate program's continued work to review and ensure mental health services for at least 90% of D-rate children, the duties of the DCFS D-rate Evaluators (DREs) have been expanded to include psychotropic medication monitoring for all DCFS children, psychiatric hospital discharge planning, and service coordination for other high-need children. Over 2,400 reports have been submitted to Court in the last year on the perceived effects of psychotropic medications on children under Juvenile Court supervision.

DCFS and DMH have identified the MAT SOF document as a potential alternate means by which children on new cases can be assessed for the D-rate. This innovation could reduce some costs for the County and increase the number of children receiving an increased intensive level of care with more well-trained caregivers earlier in their case. Additionally, all newly certified D-rate cases are now being reviewed by DREs for referral to Wraparound, in recognition of the fact that most new D-rate children meet the criteria for Wraparound and could benefit from the intensive intervention provided.

**TDM/RMP:** Eight TDM facilitators were hired in the last quarter, now totaling 84 DCFS facilitators available at DCFS to coordinate TDMs and RMPs. In December 2008, DCFS mandated replacement TDMs, otherwise known as RMPs, for all youth entering or exiting a Residential Care Level (RCL) 6-14 placement. Each regional office developed and implemented a "firewall" to ensure all youth entering, or exiting a RCL had a RMP. The initial results from the RMP analysis show that the process is having a positive impact on the timely connection to services and the number of subsequent replacements. RMPs continue to show promise in securing more community-based placements for youth through Wraparound or other services. RMP utilization increases every month and the general feedback from the offices is positive.

**Specialized Foster Care (SFC):** DMH now has a total of 316 items dedicated to support the work of Katie A., including 65 Countywide administration items and 251 service area items. At present, 288 of these items are filled. DMH currently has 178 staff co-located in 18 DCFS Regional Offices, providing SFC services. SFC continues to provide Countywide support for the implementation of the various Katie A. initiatives; including Wraparound and MAT. The SFC staff that are co-located in the DCFS Regional Offices fulfill functions for data management, training, and the development of practice guidelines. Moreover, all SFC co-located staff have been trained in Trauma-Focused Cognitive Behavior Therapy, a brief evidence-based treatment for children exposed to trauma, such as abuse, neglect, and domestic and community violence.

### **Mental Health Service Delivery**

On May 1, 2009, the County began implementation of Tier II Wraparound, an expansion of the existing Wraparound program.

Currently, approximately 1,000 children are enrolled in Tier I Wraparound, and an additional 561 children are enrolled in Tier II Wraparound. There is a target of 75 additional Wraparound enrollments each month for Tier II.

In order to increase Wraparound enrollments, the Departments recently issued a policy that will allow Tier I Wraparound providers the opportunity to self-select up to 10 children to enroll in the Wraparound Program. The 10-child self-referral pilot is underway and showing promise. The County and the providers are now looking at implementing a similar pilot for Tier II. Additionally, the County is exploring the option of eliminating the rotation process for referrals. This will allow for providers to self-refer more youth appropriate for Wraparound and will allow CSWs to refer directly to providers they trust.

In October 2009, the Wraparound Program received the Grand Eagle award, as one of the County's top three programs, from the County of Los Angeles Quality and Productivity Commission.

Another intensive mental health service program, originally discussed in the Katie A. CAP, is the County's Intensive Treatment Foster Care (ITFC) Program. Pursuant to the Findings of Fact and Conclusions of Law Order by Federal District Court Judge, Howard Matz, the County was directed to develop 300 treatment foster care beds by January 2008. A new target of 300 beds by December 2012 was established as the target. The ITFC Program has been making slow but steady progress in bed development, contract approvals, program implementation, placement, referral and matching procedures, and agency collaboration. The program remains viable and extremely valuable to those youth placed in an ITFC home.

The ITFC Program met the November 30, 2009 projected target of 25 developed beds. The next target is 44 beds by May 31, 2010. The program is currently on track to meet this goal in that there are 33 certified beds and 15 homes pending certification. It is expected that these additional 15 homes will be certified on or before May 2010, bringing the total up to 48 beds and slightly above the projected target of 44.

The likelihood of continued success was strengthened when your Board approved the execution of ITFC contracts to nine Foster Family Agencies (FFAs) on November 17, 2009. "Start Work" letters were sent out in January 2010 to these nine agencies. Your Board also delegated DCFS the authority to execute ITFC contracts with other suitable FFAs. Four such contracts are now pending final approval by the CEO. Meeting the final goal of 300 ITFC beds by December 2012 is therefore, expected.

The ITFC agencies are presently hiring and training program staff, recruiting and training foster parents, and participating actively in monthly implementation meetings organized by the DCFS and DMH Treatment Foster Care (TFC) Managers. DMH has arranged for the required training of the Multidimensional Treatment Foster Care (MTFC) and ITFC Program staff for each FFA.

Another improvement over the last six months has been the increased collaboration among various DCFS and DMH divisions involved in the ITFC Program, resulting in an increased flow of referrals of children and the streamlining of the Inter-agency Placement Review Team (IPRT) protocols for identifying, selecting, and matching these emotionally and behaviorally disturbed children for ITFC foster homes. As of March 9, 2010, there are 24 children placed in an ITFC home and six are undergoing the matching process.

In an effort to maximize available service dollars, DMH Director Dr. Marvin Southard, issued a memo encouraging providers to use their various Katie A. related funding allocations (i.e., Wraparound, MAT, Intensive In-Home, and Basic Mental Health Services) flexibly in providing services to DCFS children.

DMH children's mental health providers have begun a curtailment and transformation process in order to respond to the current State budget crisis. DMH providers will be transforming their current mental health services into various evidence-based mental

health practices funded through the Mental Health Services Act Prevention and Early Intervention initiative. Examples of these evidence-based approaches include Trauma-Focused Cognitive Behavior Therapy, Seeking Safety, Triple P Positive Parenting Program, Child-Parent Psychotherapy, Cognitive Behavior Intervention for Children in Schools, Cognitive Behavioral Therapy for Major Depression, and the Managing and Adapting Practice (MAP) system.

DMH has recently contracted with the University of California Los Angeles to collaborate on a MacArthur Foundation Grant with Professor Bruce Chorpita to train approximately 100 clinicians in the use of a set of evidence-based practices and to compare the outcomes of this approach with usual mental health services. This project may have significant implications for improving the quality of children's mental health services in the County.

### **Funding of Services/Legislative Activities**

All three Departments are closely monitoring expenditures this fiscal year and anticipate some savings. Approximately \$16 million in fiscal year (FY) savings from 2008-09 are in a Provisional Financial Uses (PFU). CEO recommends using these savings to offset enhanced fiscal commitments in FY 2010-11 in support of the incremental rollout of the Katie A. Strategic Plan. As previously discussed in the last Quarterly Report and in the Katie A. Strategic Plan first year Implementation Evaluation, a number of important initiatives identified after the development of the Katie A. Strategic Plan are being funded within the current year Katie A. allocation. Currently, there is approximately \$10.7 million in savings for FY 2009-10.

DMH continues to participate weekly in negotiations, led by a court-appointed Special Master, with the State and Plaintiff attorneys regarding the State portion of the Katie A. lawsuit. As previously discussed in the first year Implementation Evaluation, the County's continued participation in the Court mediated negotiations between the Plaintiffs and State remains the County's most viable opportunity to maximize revenue reimbursement to the County. The last meeting on this topic for this phase of the discussions concluded on March 18, 2010. The Special Master is preparing a report to the Court to be submitted later this month discussing next steps to reach a resolution in this case.

The County met with the State and Special Master on January 21, 2010 to discuss the legal, fiscal, regulatory, and programmatic obstacles impeding implementation of the Katie A. Strategic Plan. We subsequently met with the Special Master on March 22, 2010 to discuss the implementation obstacles in greater detail along with the anticipated timelines for submitting the Special Master's Report to Court. It is hoped that whatever agreements are established will result in improved claiming opportunities for Katie A. related mental health services, particularly through Wraparound related service activities. Concurrently to participating in the State Katie A. negotiated discussions, the County has been following up with the State to obtain the State Plan Amendment

language concerning the Schedule of Maximum Allowances for the provision of mental health services. The State has not been forthcoming with this language, but we will continue to follow-up and share any new information as it becomes available.

### **Training**

DMH and DCFS have worked closely together to develop and implement the necessary training components relating to the Strategic Plan, including:

- Curriculum for the Enhanced Skill-Based Training for CSWs/SCSWs has been developed jointly with the Inter-University Training Consortium. A pilot for CSWs and SCSWs is being scheduled for April 2010.
- Continued CSAT training to support the rollout of the CSAT, including a variety of training on new policies and practice guidelines associated with activities as mental health screening, obtaining mental health consent and authorization to release information, and referral of screened cases to the DMH co-located staff. CSAT training has been completed for staff in SPAs 1, 6, 7, El Monte, and Pomona regional offices; DCFS ERCP; DMH Family Preservation; D-rate; DCFS Specialized Programs; and Medical Hubs. Two follow-up trainings have been delivered to the Wateridge office in February 2010. CSAT training is also scheduled for the DCFS Sexual Abuse Team in late March 2010.
- Wraparound training was provided for DCFS SCSWs and CSWs, as well as DMH co-located staff, to promote the identification and referral of children appropriate for this service in accordance with Katie A. Plan components.
- Training across all DCFS offices continues to support targeted strategies for outcome achievement (safety, permanence, and well-being) to facilitate safe caseload reduction including TDM training, Emergency Response Policy/Practice, and Intentional Visitation.
- Coaching and mentoring curricula for all line DCFS SCSWs is under development. Casey Family Programs and California State University Long Beach have been meeting to create a coaching model for Emergency Response (ER) SCSWs, which will then be expanded to all Family Maintenance and Permanency Planning SCSWs.
- DMH provided a series of trainings designed to improve provider skill levels and capacity in the assessment and treatment of infants and toddlers and children with co-occurring developmental disabilities. DMH has also prioritized training in reflective supervision to enhance coaching and mentoring skills for DMH directly-operated and contract providers.

Development of a joint DMH/DCFS Core Practice Model (CPM) continues as input from a variety of stakeholders as well as the review of 13 other States' Core Practice Models is being considered. The CPM will serve to align the two Departments and the continuum of providers in the identification of children's needs and strengths. The CPM will incorporate teaming across traditional role boundaries to support the provision of services to meet the needs of children and families, and in implementing coaching/mentoring models to support practice improvement consistent with the elements of the Qualitative Service Review (QSR).

In March 2010, DMH contracted with the California Institute for Mental Health (CIMH) to assist the Department in developing the core mental health competencies associated with the CPM and initiating a training program for DMH co-located staff and contract providers. The training will also include skill building in providing intensive home based services and trauma-informed practice. The CIMH contract will also provide for training the ITFC providers and Full Service Partnership providers in Trauma-Focused Cognitive Behavior Therapy.

### **Caseload Reduction**

The Strategic Plan outlines a number of initiatives to be undertaken by DCFS in support of the Department's need to reduce foster care as well as the caseload sizes of CSWs in order to accomplish the Strategic Plan goals. We are pleased to note that the progress reported in our earlier quarterly updates continues.

The Department's total out-of-home caseload has been reduced from 15,748 as of May 2009 to 15,680 as of January 2010. Under the Title IV-E Child Welfare Waiver Capped Allocation Demonstration Project, this allows the Department to redirect dollars to much needed services to strengthen families and achieve safety, permanence and well-being (including early mental health intervention) for the children in our care.

As for individual CSW caseload sizes the number of children in generic caseloads have been reduced from an average of 26 children per social worker to 22.48 children per social worker as of January 2010, while the Emergency Response (ER) caseload has been reduced from an average of 24 children per social worker to an annual average of 19.25 children per social worker as of January 2010. The decrease in caseload sizes are attributed to a number of factors, but one key is that 434 new CSWs were hired from June 2008 through July 2009, exceeding the goal of 160 new hires described in the Strategic Plan. In addition, as of January 2010, the CSW vacancy rate is only at 3%.

### **Data/Tracking of Indicators**

DCFS has developed an interim RTS to track the systematic implementation of mental health screenings per SPA and DCFS offices according to the three tracks for screening: newly detained cases, newly-opened non-detained cases, and existing cases. DMH has designed a parallel system on their side to track the referral of cases

for mental health services. The DMH RTS is still being refined, but is being piloted in the Phase I CSAT offices. Significant refinements to the DCFS RTS were recently completed that included correcting the case opening date to reflect the removal or disposition date resulting in a far more accurate representation of daily practice. This interim system is part of a larger automated effort to comprehensively store and track, without violating State Automated Child Welfare Information System regulations, child welfare and mental health service information regarding mental health screenings, referral to DMH for positive screens, and receipt of mental health service. The DCFS RTS is in the early design phase and greater functionality and expanded access for DMH clinicians will be sought over the next several months.

The Departments recently received approval from County Counsel on a plan for sharing protected data sources to track all DCFS referrals for mental health services and provide information regarding service delivery. The DMH Chief Information Office Bureau is currently developing the project plan for this solution and has completed the interim solution that will be used to automate the collection of information to be used for the Katie A. monthly reports to your Board.

DMH has purchased the SAS Dataflux system which will be used for future matching of DMH and DCFS client data. This software is now undergoing testing and adjustment. In the interim, DMH and DCFS continue to perform monthly client matches with the assistance of the Internal Services Department and this data is used to update the DMH Cognos Cube.

DMH is producing monthly reports that compare provider allocations related to Katie A. with their usage of these dollars. These reports are shared with DMH contract managers and are used to consult with providers to maximize their financial allocations.

### **Exit Criteria and Formal Monitoring Plan**

The Strategic Plan identifies three formal exit criteria, including the successful adoption by the BOS and the Federal District Court of the Strategic Plan, acceptable progress on a discrete set of agreed upon data indicators and a passing score on the QSR.

The conceptual framework of the Katie A. five-year Strategic Plan has been approved by your Board, Panel, and Plaintiffs' attorneys, and, as previously noted, the Strategic Plan was approved by the Federal District Court on July 22, 2009. This notes the first time since the inception of the lawsuit that a County developed Plan for Katie A. has been approved by the Court, which is a significant achievement in itself for the County and identifies a practical timeline with objective criteria for exiting the lawsuit.

DMH, DCFS, and CEO in conjunction with the Panel, County Counsel, and Plaintiffs' Attorneys, continue to work on finalizing a discrete set of data that will be tracked as either formal exit criteria or contextual information as one of three prongs, described above for monitoring compliance with the Settlement Agreement. A tentative

agreement has been reached with the Panel on the Safety and Permanency indicators to be tracked, in addition to the targets that are to be maintained for a duration of time to achieve compliance with this aspect of the exit criteria. A call with the Panel to finalize the details of the reporting timelines for tracking these indicators will be discussed on March 26, 2010. The goal is to finalize agreement around this set of indicators before launching the discussions on the mental health screening, assessment, and service delivery exit indicators which will commence directly after the finalization of the Safety and Permanency indicators.

The QSR process is planned to take place in three phases. Phase I calls for the development of a tailored QSR instrument, the identification of staff responsible for the development of the protocol, the identification of training resources, the identification of and training of lead reviewers, and the development of a QSR implementation plan. These activities are expected to be completed by July 2010.

Phase II, to be completed between September 2010 and December 2012, commences the administration of the QSR across the 18 DCFS Regional Offices; while Phase III, to be completed by December 2013, consists of any follow up reviews that might be necessary to achieve passing scores.

DCFS has hired a Children's Services Administrator II to head a new Quality Improvement Section that will have lead responsibility for implementation of the QSR process. DMH has now hired a Mental Health Counselor R.N. who will serve as the liaison from DMH in this effort. DCFS and DMH staff made a joint visit to Utah in November 2009, to participate in their QSR process as a preview of the activities that will need to take place in Los Angeles County. Now that staff is in place, the QSR protocol will be detailed in the coming months including the proposed sample size, percent standard for achieving a passing score, and criteria for exiting the review process.

On January 12, 2010, the QSR contract was executed between Los Angeles County and Human Systems and Outcomes (HSO), Inc. HSO is a for-profit management consulting and performance measurement organization that holds the copyright on the QSR Tool. Between January 19 and January 21, 2010, a series of Leadership Orientation Meetings (with Executive Leaders, Regional Program Managers, Practice Champions and Information Technology Participants) were conducted and facilitated by Dr. Ray Foster, Director of HSO to help leaders gain an understanding of how QSR works, how it links to the joint DCFS/DMH CPM and how to use QSR results to stimulate and support service system change. Between February 23 and February 25 2010, Dr. Foster lead an on-site Design Team process, consisting of a well formed working group representing stakeholders in practice development, local practice partners, and end-users of the QSR results to guide the design and use of the protocol and processes being developed. Key child and family status indicators and system performance indicators have been identified for development to comprise our Los Angeles County customized QSR protocol. Between March and May of 2010, a

technical review of the draft protocol will be refined and prepared for pilot testing. Advance preparations are also underway to identify the initial sequence of offices to undergo the first reviews. In June 2010, selected staff will be identified and trained in the new QSR protocol, and it is projected that the first "pilot" review test will be conducted.

### **Summary**

The implementation of the Katie A. Strategic Plan is being fully executed by the Departments, with support from the CEO, and progress has been made toward achievement of the Settlement Agreement objectives. The Strategic Plan has been organized into 18 project teams, each having sponsors, managers, team members and Project Data Sheets that are updated quarterly to summarize the objectives, outcomes, deliverables, resources, dependencies, risks, and benefits. The Departments' steadfast oversight and collaboration facilitated through the Katie A. Executive Leadership, the Departmental Leadership, and the Project Leadership Teams, are evident and rapidly moving the County toward resolution of its obligation. Quarterly reports describing the ongoing progress will continue to be provided to your Board along with the monthly reports on the implementation of CSAT and the RTS.

During the last six months, the County has continued to demonstrate significant progress toward meeting the goals of the Strategic Plan and fulfilling the County's obligations related to the Katie A. Settlement Agreement. Among the most significant accomplishments are:

- The mental health screening of over 9,400 DCFS children since the initial implementation in SPA 7 and the provision of mental health services to those with identified mental health needs.
- Targeted initiatives to support inter-departmental collaboration and information sharing.
- Continued hiring and training of DMH and DCFS staff to fill allocated positions.
- Completion of the first year Implementation Evaluation.
- Ramping up of the Tier II Wraparound Program, now serving over 550 children.
- Continued implementation of the MAT program through development of provider capacity and quality improvement efforts.
- Further refinements to the DCFS RTS and initiation of the DMH RTS.
- Meeting with the Katie A. State Negotiations Team and Special Master.

- Ongoing large-scale training efforts related to the Strategic Plan, including CSAT, Wraparound, MAT, and the CPM.
- Further reductions in the caseloads of DCFS CSWs.
- Initiation of activities to prepare for the implementation of the QSR, including contracting with the developer of the tool, meetings with DMH and DCFS executive teams, and the work of the Design Team.

As a result of these ongoing efforts, the County continues to enhance the positive working relationship with the Katie A. Advisory Panel and the Federal District Court overseeing the Settlement Agreement.

Future quarterly reports will be provided in June, September, and December of this year.

Please let us know if you have any questions regarding the information contained in this report, or your staff may contact Olivia Celis-Karim, DMH Deputy Director, at (213) 738-2417 or [ocelis@dmh.lacounty.gov](mailto:ocelis@dmh.lacounty.gov).

MJS:PSP:OC:GL:eg

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors