COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

FACT SHEET

AUTHORIZATION TO IMPLEMENT COUNTYWIDE ENHANCED SPECIALIZED FOSTER CARE MENTAL HEALTH SERVICES IN SERVICE AREAS 6 AND 7 (SUPERVISORIAL DISTRICTS 2, 3, AND 4)

REQUEST

1. Approve the proposal for the Countywide Enhanced Specialized Foster Care Mental Health Services Plan (Plan), as described in Attachment I, to enhance specialized foster care mental health services and ensure that children referred to the Department of Children and Family Services (DCFS) are appropriately screened for mental health issues, and that all children placed under the care of DCFS have ready access to multidisciplinary assessments and mental health treatment services. This plan is consistent with the County's obligations under the settlement agreement reached in the Katie A. class action.

2. Authorize the implementation of the Plan in Service Areas (SAs) 6 & 7, effective upon Board approval. These services represent Phase I of the Plan at a projected annual cost of $13,679,000, fully funded with $5,448,000 in Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-State General Funds (SGF), $6,665,000 in EPSDT-Federal Financial Participation (FFP) Medi-Cal, and $1,566,000 in Intrafund Transfer (IFT) from DCFS using funding from the Designation fund for MacLaren, as detailed in Attachment II. The projected cost for Fiscal Year (FY) 2005-06 will be prorated at an estimated amount of $10,259,250, fully funded by EPSDT-SGF, EPSDT-FFP Medi-Cal, and IFT from DCFS.

3. Delegate authority to the Director of Mental Health or his designee to prepare, sign, and execute amendments to existing Department of Mental Health (DMH) Legal Entity Agreements. These amendments, totaling $3,000,000, provide funding for screening, multidisciplinary assessment, and mental health treatment services for children and their families referred to or under the care of DCFS in SAs 6 and 7.

4. Delegate authority to the Director of Mental Health or his designee to prepare, sign, and execute an amendment to the Affiliation Agreement with the Regents of the University of California, Los Angeles (UCLA) for the David Geffen School of Medicine at UCLA – Department of Psychiatry and Biobehavioral Sciences, to

provide program evaluation on an annual basis, for an annual amount not to exceed $50,000.

PURPOSE/JUSTIFICATION

Approval of the recommended actions will enable DMH and DCFS to develop an expanded comprehensive, community based, culturally relevant treatment program to more quickly and effectively address the mental health needs of children under the care of DCFS in SAs 6 and 7. While DCFS has made significant strides in reducing the number of children in out-of-home placement and in keeping children in their own homes, there continues to be significant difficulty in assuring that all children referred to DCFS Emergency Response staff are screened for mental health issues and that those with mental health treatment needs who require foster care receive timely and appropriate outpatient mental health services. Over the past several years, DMH and DCFS have engaged in collaborative efforts to improve and increase crisis response, assessment, treatment, coordinated care, and client outcomes. Although improvements have been achieved, there continue to be some challenges in meeting the growing and continuous demand for specialized services to this very vulnerable population. Recent data indicate there are approximately 27,000 children in out-of-home placement in Los Angeles County, with approximately 6,500 (24%) in SA 6, and 3,000 (11%) in SA 7. A review of the children in foster care in SAs 6 and 7 indicates that only approximately 16 percent are currently receiving services through DMH directly operated and contracted programs. This failure to have a greater penetration rate of this underserved population can be attributed to both a significant lack of service capacity and gaps in specialized resources (e.g., services for children ages birth to five and transition age youth). Funding of this project will facilitate the availability of mental health services to as many as 950 additional children and families on an annual basis for Phase I.

The Plan and the implementation of Phase I of this Plan represent a coordinated, collaborative effort between DMH and DCFS to further address the specialized mental health needs of foster care children.

It is anticipated that the successful implementation of Phase I of the Plan will serve as a model for program development throughout the rest of the County by the end of the fiscal year.

BACKGROUND

The requested actions will provide enhanced Specialized Foster Care Mental Health Services in SAs 6 and 7 in accordance with the Plan, as well as increase the capacity of the Countywide Children's System of Care to coordinate the program outcomes.

SA 6 Specialized Foster Care Mental Health Services will serve to improve and increase access to screening, assessment and mental health treatment for children under the care of DCFS and their families by augmenting the existing service array and building upon the unique resources that already exist in that SA. These include the recent opening of the DCFS Compton Regional Office, co-location of DMH staff in DCFS' new Compton Regional Office, DMH's significant investment in comprehensive children and family services at Augustus F. Hawkins Mental Health Center, and expansion of the services provided by Kedren Community Health Center, Inc. (Kedren) and Los Angeles Child Guidance Clinic (LACGC). DMH assumed responsibility for the operation of the Augustus F. Hawkins outpatient psychiatric services almost two years ago. Since then, a foundation for academic and medical teaching services as well as an extensive array of children and family services in the Southern County area has been established, which will benefit foster children and families. In addition to the ability to provide thorough, multidisciplinary assessment, crisis and ongoing therapy for children, adolescents and their families, state-of-the-art approaches will be available in this community through this program. The SA 6 program will serve the DCFS Wateridge and Compton Regional Offices through County DMH directly operated programs; LACGC and Kedren will serve the DCFS Century and Hawthorne Regional Offices, respectively.

The specific components of the SA 6 program are intended to provide sufficient capacity to screen children referred to DCFS Emergency Response staff and to afford immediate access for foster children thus identified as needing further mental health assessment and services. In addition to traditional outpatient mental health services, the program will provide multidisciplinary assessments for high-risk foster children, early intervention for younger age children, Start Taking Action Responsibly Today (START), intensive in-home mental health services, and other specialized mental health services. Focus for these specialized programs will be on children in D-rate foster homes, those at risk for change in placement, those in Foster Family Agencies, and children discharged from acute care psychiatric hospitals.

SA 7 Specialized Foster Care Mental Health Services will provide identification, consultation, screening and linkage to mental health services for children referred to or under the care of DCFS. Through this program, DMH clinical staff plan to be co-located in the SA 7 DCFS Regional Offices (Belvedere and Santa Fe Springs) to provide mobile response, crisis intervention, assessment, brief treatment, and linkage services. Mental health clinicians will also have increased involvement in several DCFS processes, including Regional Placement Resource Teams, Family Team Decision-making conferences, and DCFS case planning meetings as well as improved capacity to accompany DCFS staff on field visits. In addition, mental health staff will assist DCFS in developing support groups, self-help groups, and other interventions to target transition age youth, with a particular focus on issues of substance abuse and gang

involvement. Finally, the program provides for the expansion of both the directly operated Roybal and San Antonio Mental Health Centers and selected contracted mental health services providers to be determined. These expansions are intended to provide sufficient capacity to address the special needs of children from birth to five years of age, children at risk for placement changes, those in Foster Family Agencies, those with histories of repeated psychiatric hospitalizations, and those residing in D-rate placements.

CONTRACTING PROCESS

One of the requested actions is to augment the amount of funding in existing contracts for specialized mental health services to children under the care of DCFS. DMH has met the County's requirement for advance notification of intent to negotiate a sole source contract of $250,000 or greater in its letters to your Board dated August 4, 2005, regarding contracting with LACGC and Kedren in SA 6 to provide specialized mental health services to children residing in the ZIP codes served by the DCFS Century and Hawthorne Regional Offices, respectively.

LACGC has extensive experience in providing mental health services to high-priority children under the care of DCFS who are involved in Family Preservation, System of Care, and the Multidisciplinary Assessment Team (MAT). Additionally, LACGC has three service sites that will geographically allow easier access for families served in the DCFS Century Regional Office.

Kedren has significant experience in delivering a full array of specialized mental health services to children and families involved in the child welfare center, including System of Care, MAT, and Family Preservation. The location of Kedren's two (2) service sites will ensure that children and families served at the DCFS Hawthorne Regional Office have easier access.

To address the needs of children in SA 7, DMH will identify and select, in accordance with County directives and guidelines, contracted mental health providers to which EPSDT funds will be allocated to expand mental health services. Once the providers are selected, any required Board letters will be submitted for your Board's approval.

MY:RK:CMK

Attachments (2)

CMK:Specialized Foster Care Services:8-18-05

Countywide Enhanced Specialized Foster Care Mental Health Services Plan

Introduction

The Countywide Enhanced Specialized Foster Care Mental Health Services Plan (Plan) builds upon prior efforts to improve mental health services for foster children and youth. These included the DCFS/DMH joint closure of MacLaren Children's Center and the development and implementation of countywide programs such as the Permanency Planning Teams and an expansion of enrolled youth in Wraparound from 322 in January 2003 to 513 in July 2005. The plan also builds on the significant progress made by the County on improved child welfare indicators for children in the foster care system. As noted in previous communications, the County has significantly reduced the number of children brought into care as well as improved safety, stability, and permanence for children in care.

During the past couple of years, Los Angeles County has reduced the percentage of children with a substantiated allegation of abuse/neglect (within 6 months of the initial allegation) from 9.2% to 7.8%. We have reduced the rate of child abuse/neglect in foster care from 1.62% to .096% and have reduced the rate of recurrence of abuse and/or neglect in homes where children were not removed from 6.9% to 6.5%. We have increased the number of children that are reunified within 12 months from 32% to 40.7%, while reducing subsequent entries into foster care within 12 months of reunification from 6.9% to 4.8%. These achievements are significant and demonstrate that increased efforts to keep children in their home or return them home more quickly with support has not compromised their safety.

We have also made progress in providing stability to children in care by increasing the percentage of children who have had no more than two placements while in care for 12 months or less from 86.7% to 88.6%. In addition, we have continued to maintain and support our rate of primary placements with relatives (most recently at 48.4% - one of the highest relative placement rates in the nation).

In many of the measures noted above, we meet or exceed the Statewide percentages and/or the level of improvement Statewide.

The following Countywide Enhanced Specialized Foster Care Mental Health Services Plan will significantly augment the current mental health service delivery system wherein children's strengths and needs are assessed by mental health professionals, and corresponding individualized services are developed. It will build upon the above detailed achievements while further contributing to increased child safety, reduced reliance on out-of-home care, and improved timelines to permanency, as well as improved outcomes in functional life domains.

This Plan is consistent with the County's obligations under the settlement agreement reached in the Katie A. class action. As directed by Judge Howard A. Matz, representatives from DMH and DCFS have conducted ongoing meetings and consulted with the Katie A. Advisory Panel members and plaintiffs' counsel to address the terms of the settlement agreement. The primary departmental initiatives and programs that are being aligned in order to respond to Katie A. encompass a variety of planning and implementation efforts that are in various stages of development. They include: Structured Decision Making (DCFS); Points of Engagement (DCFS), countywide medical Hubs (DCFS/DMH/DHS), co-located mental health services within DCFS Regional Offices (DMH/DCFS), and the Countywide Enhanced Specialized Foster Care Mental Health Services Plan.

Scope of the Effort

DCFS receives approximately 10,000 new Child Protective Services Hotline referrals each month. As of March 2005, 38,698 children and youth were receiving child welfare services. The Katie A. Advisory Panel estimates in their June 16, 2005, Draft Fifth Report to Court that approximately 50% of the children served by DCFS are considered to have diagnosable mental health conditions, which include serious emotional, behavioral, and psychiatric disorders that require mental health services. Existing research literature and available data indicate that the prevalence rate of emotional and behavioral problems among children in foster care may be as high as 50%.

While the number of children and adolescents to be served is considerable, the County, through a broad continuum of care, including DMH directly operated services and contracted children's mental health agencies, provides mental health care to a considerable number of DCFS involved children. Based upon the most current reliable information, in a given year, 31% of children in the child welfare system are provided services by DMH, while 46% received mental health services during their lifetime.

The types of services provided to this population during this reporting period and their associated costs are presented in the table below. Note that the number of clients served reported in this table does not represent unduplicated clients. For example, some clients receive more than one type of service over the course of the year and are therefore reflected in more than one category.

Service Type	Number of Clients Served	Number of Contacts	Amount Billed
Outpatient	17,290	113,495	$118,894,515
Inpatient	1,446	2,530	21,522,783
Crisis Stabilization	411	539	627,192
Day Treatment	2,042	2,487	33,558,813
Case Mgmt. Support	145	217	271,558
Total Cost			$174,874,861

In addition to these services, Fee-For-Service providers report provision of outpatient mental health services to 6,124 DCFS involved children during the same reporting period.

Background

DMH currently administers, as well as formally participates in, a wide variety of programs designed to address the mental health needs of DCFS involved children, youth, and families. Most of these programs "target" children with significant impairments as a result of mental disorders and who meet the "medical necessity" criteria for specialty mental health services. As defined by the State Department of Mental Health, medical necessity criteria consist of an "included diagnosis" that results in functional impairment, wherein intervention will reduce or minimize the effects of the impairment and associated symptoms. Many programs also include service integration initiatives and interagency collaboration with other County departments, school districts, and community provider networks. The types of services provided include screening, assessment, treatment, behavioral interventions, special education services, case management, consultation and linkage, family/community support, crisis response, placement, and medication management as well as hospitalization for more disturbed children and youth.

Several DMH efforts, while not currently countywide in scope, provide examples of screening, assessment, case management, and service linkage for DCFS involved youth and their families. Included among these models are the Multidisciplinary Assessment Team (MAT), the Interagency Consultation and Assessment Teams (ICAT), and the Start Taking Action Responsibly Today (START) program. Each of these programs was designed specifically to support the mental health needs of the child welfare system. Other DMH-administered programs that address assessment/evaluation for children in care include: D-Rate Assessment, AB 3632, and the Dependency Court Mental Health Services program. The D-Rate Assessment and the Evaluation Program are an example of a collaborative effort that promotes continuity of care and positive outcomes. In this program, DCFS and DMH ensure that the mental health needs identified in the D-Rate Assessment are translated to a service plan that reflects input from the DCFS Children's Social Worker (CSW) and the licensed mental health staff providing required treatment.

DMH also administers the mental health component of the Family Preservation program and participates in a number of DCFS initiatives, including Service Planning Area (SPA)-based Family-Centered Team Decision-Making (FTDM) meetings, Regional Placement Resource Teams (RPRTs), Interagency Screening/Review Committees (ISCs), and Local Interagency Operation Networks (LIONs). Through its Infancy, Childhood and Relationship Enrichment (ICARE) network, the Department further coordinates and provides training, technical assistance and support to a variety of programs which serve the mental health and developmental needs of children from birth to five years of age in the care of DCFS as well as families at risk for maltreatment of young children.

Finally, DMH provides a variety of mental health service options for the highest at-risk youth in the child welfare system. Specific populations of youth served by these programs include: Severely Emotionally Disturbed (SED) foster care children with AB 3632 services and special education placements; D-rate children in foster care; children placed in group homes; children in Fee-For-Service psychiatric hospitals; children receiving foster care emergency services through DMH Enhanced Children's Crisis Teams and other acute assessment and emergency services; Level 12 and 14 screenings and placements; and children referred by the Metropolitan State Hospital Screening Committee for interagency consultation, case management, and follow-up. These efforts provide systematic case coordination and linkage across multiple programs as well as improved access to the following array of services:

- Children's System of Care (CSOC)
- Wraparound Services
- Permanency Planning Teams
- AB 3632 Services
- Therapeutic Behavioral Services (TBS)
- Day Treatment Intensive and Day Rehabilitation Treatment Programs
- Community Mental Heath Services (County Directly Operated and Contract Providers)
- School Based/School Linked Programs
- Supportive and Therapeutic Options for Programs (STOP)
- Emergency Outreach Bureau (EOB) – Children's Crisis Teams and Psychiatric Mobile Response Teams (PMRTs)
- Countywide Case Management

The following core elements of the proposed Countywide Enhanced Specialized Foster Care Mental Health Services Plan are discussed in relationship to the Katie A. settlement requirements.

Identification and Mental Health Screening

Children who come to the attention of the foster care system are often at an increased risk of medical and mental illnesses, with varied levels of severity. DCFS needs forensic medical and mental health expertise and assessment capacity available 24 hours a day, 7 days a week (24/7), to meet the emergent and ongoing needs to ensure safety and permanency for children at risk of entering or who are already in the foster care system. Currently, traditional hospital emergency rooms and most medical and mental health facilities do not have the forensic expertise necessary to adequately address the needs of foster youth.

DCFS has solicited the involvement of its external partners to develop multidisciplinary medical Hubs countywide. Six locations are planned countywide for the medical Hub system. One Hub, LAC+USC Medical Center Violence Intervention Program, is currently in operation and the other five (High Desert Health System, Olive View Medical Center, Harbor-UCLA Medical Center, King-Drew Medical Hub, and Children's Hospital Los Angeles) are anticipated to begin operations between now and October 1, 2005.

Goals

The goals of the Hubs are to: 1) increase the safety of children in, or at risk of entering the foster care system; 2) decrease timelines to permanency; and 3) reduce reliance on detention. These goals will be achieved by ensuring:

- Access to the expertise necessary to identify and treat severe/complex medical and mental health issues of high-needs children and other children in protective custody resulting in improved placement and detention decision-making;
- Linkage to mental health services for foster care children;
- Availability of 24/7 forensic medical assessments and mental health screenings and ongoing treatment, as determined by the Hub professionals; and
- Coordination of any follow-up medical and mental health treatment needed.

Target Population

The children to be served by the Hubs include: (a) any child who is detained; (b) any child who would benefit from a forensic medical examination as part of the DCFS ongoing investigations of physical abuse or sexual abuse, failure to thrive, or severe neglect; (c) any child who has been injured in care while under DCFS supervision; and (d) cases where assistance is needed on an individualized health plan for a special needs child, or on general health care planning for a child, or when a second opinion is needed. This target population includes children within the Katie A. plaintiff class.

Services

For newly detained children, the CSW will be mandated to make a Hub referral immediately or within the first 72 hours of removal as per DCFS policy. The Hub will provide a comprehensive medical assessment (including a forensic exam, as needed), a Child Health and Disability Program (CHDP) exam (as needed), and an age appropriate mental health screening using a

standardized screening tool. A mental health screening that results in an identified need for a mental health assessment and mental health services will be forwarded to the CSW for inclusion in the MAT (Multidisciplinary Assessment Team) process. Following the detention hearing, a MAT provider will complete a comprehensive MAT assessment within 30-45 days of placement. The comprehensive assessment consists of mental health, as well as medical, dental, developmental, and educational evaluations.

In SPAs where a MAT process is not in place, the CSW will consult with a DMH "systems navigator" who will provide assistance to ensure that children who are in need of a mental health assessment will receive one as well as related mental health services. The systems navigators will be co-located in selected DCFS Regional Offices and serve as experienced clinicians who are highly knowledgeable about the mental health issues and resources in the immediate community. They will monitor and track referrals to make sure that the children are seen in a timely manner, as well as facilitate the appropriate sharing of information between CSWs and the treating clinicians to inform the case-planning process.

In Regional Offices where there are ICATs, the mental health assessments, short-term treatment (if necessary), and related case-management will be provided by ICAT clinicians. These cases will be subsequently referred and successfully linked to treatment services.

Non-detained children in need of a mental health assessment will be similarly identified, referred, and linked to appropriate services.

Mental Health Assessment

DMH and DCFS have been working together on the task of ensuring that children involved in the child welfare system manifesting mental health problems receive timely, thorough and appropriate mental health assessments. To that end, the two departments are proposing system changes to address these issues in a comprehensive and coordinated manner. The mental health assessment needs of children newly detained by DCFS, as well as children already in foster care placements in the community, will be assessed as follows:

Newly Detained Children - As mentioned in the previous discussion of the Hub services, all newly detained children will be screened for mental health concerns with a standardized screening tool. Any child who scores positive for mental health issues will be referred either to a MAT provider for a comprehensive assessment or to a community based mental health center in the provider network. The provider network will employ a comprehensive, developmentally appropriate mental health assessment.

In SPAs where the MAT process is fully implemented, the DCFS MAT Coordinators in the respective Regional Offices will directly refer the child to a selected MAT provider on a rotational basis, unless there is a need for specialized services (e.g., children ages birth to five, youth with co-occurring disorders, etc.).

Children In Placement - DMH will co-locate clinical staff in each of the Regional Offices to support the CSW by providing consultation while participating in various case-planning activities, like Team Decision Making and Regional Permanency Review Teams. During these meetings, children requiring mental health assessments will be identified. The clinical team that includes both clinical and para-professional staff will either conduct the assessment on site or in the community if it is more appropriate. If a specialty mental health assessment is required, the clinical team will link the family to the appropriate mental health provider. Additionally, DMH staff will be available to assess children "stepping down" from congregate care or inpatient hospitalization to a less restrictive environment. Where indicated, DMH staff will accompany

CSWs to discharge planning meetings at psychiatric hospitals to assist in linkage to appropriate mental health services upon discharge.

Case Management Services

Children and youth receiving mental health services will be provided with case-management services designed to promote service coordination, service availability and access to appropriate levels of service. Case management needs will be identified during the mental health assessment and, as indicated, updated on the treatment plan. The services include, but are not limited to:

- Coordinating, tracking, and monitoring the progress toward treatment goals (outcomes);
- Following-up to ensure that clients are successfully linked to needed services, which could include ancillary community resources (e.g., medical services, vocational training, education, recreation, substance abuse treatment);
- Participating in DCFS case reviews and case conferences to coordinate and provide consultation regarding treatment progress and plan development; and
- Identifying and securing various entitlement benefits (funding).

DMH recognizes the need to identify appropriate staff who are fully dedicated to providing such case management services. They may include DMH "super" case managers who will work closely with: mental health providers (who serve as the Single Fixed Point of Responsibility (SFPR) for selected clients); treating clinicians; and DMH systems navigators and/or navigation teams (which could include Parent Advocates) who can assist families/caregivers in accessing needed services and in navigating both systems and community resources. This case management function is critical to ensuring linkage to a full range of individualized, interdisciplinary, coordinated, integrated, and community-based mental health services and supports. DMH case managers will also work in close collaboration with DCFS CSWs who continue to assume primary case-carrying responsibility for addressing respective clients' well-being and their family/caregiver support needs within the child welfare system.

Mental Health Treatment

This Plan calls for a significant expansion of mental health services, as well as a major change in approach to service delivery. Mental health services will be delivered in a manner that honors the uniqueness, culture and strengths of each child, family and situation. The availability of fully dedicated staff will facilitate the provision of community-based services. Qualified staff (including psychiatrists) with the understanding, experience, and capacity to effectively serve children and families in the home, school, or other community settings will be hired. Moreover, each SPA is proposing to develop multidisciplinary work units dedicated solely to responding to the mental health needs of children in foster care, thereby ensuring efficient and timely access to services. Children being referred from the Hubs/MAT, discharged from inpatient hospitals and other restrictive settings will be seen no more than 3 days after discharge. The wait for the initial intake should not be longer than one week after the initial screening. Walk-in services will be available at most clinics.

Particular efforts will be focused on enhancement of service availability to several important child welfare subpopulations with special mental health needs, including children ages birth to five, "crossover youth," youth with co-occurring substance use disorders, transition age youth, children residing in congregate care or being stepped down from higher levels of care, and SED children and youth. In fact, DMH's recently developed Community Services and Supports plan in response to the Mental Health Services Act (MHSA) requirements identifies these child

welfare subpopulations as "focal" populations to be served through Full Service Partnership as well as System Development funds that are anticipated to be available in early 2006.

Corresponding programs based on Children's System of Care and Wraparound values, principles, and service standards will be available in each SPA. Whenever appropriate, the principal model of mental health service delivery will be in-home or home-based services that are individualized, child-focused, family/caregiver-centered, strength-based, and value-driven. These services will be provided in a flexible manner with sufficient availability, duration, intensity and frequency to address each child's unique and often complex needs, guide his/her caregivers, and provide "whatever it takes" to attain identified goals. In-home services will further incorporate evidence-based, promising, and best practice standards for specific age/disorder "clusters" of children and youth. Among such intervention models are Multidimensional Treatment Foster Care, Multisystemic Therapy, and Functional Family Therapy as well as Therapeutic Behavioral Services (TBS) and approaches such as structured family therapy, strategic family therapy, cognitive behavioral therapy, and parent training (e.g., Incredible Years).

Clinic-based services may include individual, group and family therapy, intensive and rehabilitative day treatment, and medication support. Enhanced staffing will allow DMH to respond to requests for services on a prioritized basis, thus increasing access. Crisis intervention services and coordination of mobile psychiatric response will also be provided in order to stabilize placements and avoid higher levels of care.

Benefits Establishment

DMH directly operated and contract mental health providers will develop an aggressive benefits establishment program to effectively identify and enroll eligible children in mental health entitlement programs. These programs include EPSDT Medi-Cal, Healthy Families, Healthy Kids, and other available State and federal revenue resources. The majority of children in placement will qualify for EPSDT Medi-Cal benefits. Where mental health coverage is a problem, DMH case-managers will work very closely with the DCFS Patient Financial Screening Workers and CSWs to attain other entitlements, as appropriate. DMH and DCFS will explore the feasibility of developing a joint revenue enhancement venture with a focus on early access to entitlement benefits for children and families in the child welfare system.

Co-located and Integrated Mental Health Staffing in DCFS Regional Offices

Support for enhanced coordination of services by the child welfare and mental health systems will be facilitated by co-locating mental health staff within DCFS Regional Offices, who will function as systems navigators. These mental health teams, composed of DMH directly operated multidisciplinary staff, such as the Interagency Consultation and Assessment Teams (ICAT) and Permanency Planning DMH liaison staff, will provide "in house" services in support of DCFS staff, including:

- Consultation and liaison
- Systems navigation
- Referral and linkage
- Case management
- Screening and assessment
- Cross training

DMH will align these services to support and inform key decision-making processes (e.g., MAT, multi-agency Regional Permanency Review Teams (RPRTs), and Family Team Decision-

making meetings) within the child welfare system. As participants in the various DCFS case-planning activities, the DMH staff will be afforded an opportunity to track outcomes and monitor the quality and quantity of services that the children and families are accessing, as well as make recommendations to improve access. Such efforts are designed to contribute to the fundamental DCFS goals of reducing reliance on out-of-home care and shortening timelines to permanency.

D-Rate Evaluation Team

Effective April 1, 2005, DCFS developed a specialized D-Rate unit in the Regional Offices. The goals of this unit are to assist the case-carrying CSW with the formulation of a viable case plan and to work with the foster caregiver to achieve better outcomes. Six months after the initial D-Rate assessment, the D-Rate Evaluation Team will be responsible for reviewing each child's case to evaluate progress, revamp goals and modify treatment options as indicated. DCFS is in the early stage of developing a customer satisfaction program related to the D-Rate program in order to support caregivers, children who utilize services, CSWs, and providers. In the initial phase, a DCFS program manager will conduct a telephone survey of a random sample of cases that have been re-certified for D-Rate. Caregivers will be asked a series of quality of care questions. In September, a more formal and complex tool will be developed, administered, and evaluated. The results of these surveys will inform any required changes to the program. In addition, town hall forums will be scheduled throughout the County to solicit community input regarding ways to improve service delivery.

In order to further enhance interdepartmental staff integration, DMH has assigned a team of Medical Caseworkers (MCWs) and a Supervising Psychiatric Social Worker (SPSW) to work as members of the D-Rate Evaluation Team. The DMH SPSW and MCWs will be housed at DMH offices but will travel to assigned DCFS offices. As support to the DCFS D-Rate Evaluators, they will be responsible for ensuring that children in D-Rate foster homes are linked to appropriate mental health services. Specifically, the DMH staff will participate in the review of the initial D-Rate assessments and recommendations provided by the DMH D-Rate assessment unit. Any mental health services that are deemed to be emergent will be prioritized and immediately linked to a community mental health provider. The services can be provided in the home of the child.

Additionally, the DMH MCWs will be the liaison between the DCFS CSWs and the mental health clinicians to facilitate the exchange of information regarding progress toward treatment goals identified in the initial treatment plan. The respective DMH and DCFS program managers will meet as needed, but not less than quarterly to review the effectiveness of the collaboration.

Enrollment and Tracking of Service Delivery and Client Outcomes

In those instances where the mental health assessment indicates that the severity of the emotional, behavioral, or psychiatric problems rise to the level of SED, the youth will be enrolled in a centralized, aggressive tracking program. DMH is currently seeking a system that will provide a specialized database that will produce "real time" information regarding service provision and client outcomes. Data collection systems under review include "mHUB" and "myCSW." In addition to those youth identified as SED as they enter the child welfare system, this enrollment process and related service provision will include those SED youth already known to DCFS.

Enrollment and Tracking functions include:

- Assuring that children and youth are quickly engaged once they are determined to be SED
- Oversight to ensure that mental health services are consistent with the needs and strengths of the children and youth
- Monitoring of client outcomes related to functional life domains
  - Safe living arrangements
  - A meaningful way to use one's time
  - Supportive relationships
  - Ability to get needed assistance
  - Ability to weather crises successfully
  - Physical health

The tracking system will also provide for the monitoring of provider adherence to their respective performance-based contracts. Corresponding performance measures are currently being developed as part of a Performance-based Contracting Work Plan. Workgroups involving the CAO-Service Integration Branch, Auditor-Controller, County Counsel, and MHSA planning stakeholder representatives will focus on the following tasks: 1) review and selection of qualified EPSDT-funded programs/approaches with sufficiently established levels of effectiveness; 2) articulation and classification of current practices; 3) development of a countywide evaluation strategy that would include the collection and analysis of data indicating practice fidelity and achievement of corresponding child and family outcomes; and 4) designing implementation strategies for countywide rollout of the initiative to promote service excellence.

Program Evaluation

The Countywide Enhanced Specialized Foster Care Mental Health programs that will be implemented in the respective Service Areas will be formally evaluated. The evaluation process will be designed and conducted by the David Geffen School of Medicine at the UCLA Department of Psychiatry and Biobehavioral Sciences, with Bonnie Zima, M.D., serving as the principal investigator. Dr. Zima will utilize databases related to the above referenced enrollee-based program. The results of the evaluation of the initial phase will inform the ongoing implementation of the proposed countywide plan.

Implementation Plan

The key elements of the Countywide Enhanced Specialized Foster Care Mental Health Plan will be accomplished via a public-private partnership that will include DMH directly operated staff and contract mental health service providers who will be responsive to the unique needs of each of the eight County Service Areas. DMH and DCFS have prepared a Board request to implement the key elements of the program in two Service Areas (6 and 7) and plan to submit an additional Board request by January 2006 to enable countywide implementation of the proposal. The phased sequencing and scope of these proposals is based in large part on a survey of mental health service needs conducted by the DMH Planning Division. Service Areas 6 and 7 have the greatest unmet need for mental health services for the DCFS client population and are thus scheduled for the earliest implementation.

Countywide Administrative Infrastructure

DMH will need to establish additional countywide administrative infrastructure to provide oversight, consultation, coordination, and evaluation of these efforts. The Plan calls for a number of new countywide service elements, such as mental health screening, enrollment,

tracking, and outcome evaluation, as well as greater emphasis on intensive and evidence based treatment models, expanded services to high need populations, and the co-location of mental health staff within DCFS Regional Offices. This will require unprecedented collaboration between DMH and DCFS administrations as well as departmental DCFS Regional Office operations. This new DMH administrative unit will need to work in close coordination with DCFS administrators, DMH Service Area District Chiefs, County Counsel, Katie A. Advisory Panel members, DMH executive staff, and various DMH Bureaus/Divisions (e.g., Planning, Standards and Practices, Training and Cultural Competency Bureau, Contracts, Budget, etc.) to comply with the requirements of the Katie A. lawsuit.

Phase One

The Board letter requesting approval of the countywide plan and the implementation of the Plan in Service Areas 6 and 7 is scheduled for the August 30, 2005 Board agenda. The timeline for implementation of Phase One is as follows:

September - October
- Identify space for co-location of staff at DCFS offices
- Hire 25% of staff
- Cross-train DMH/DCFS staff
- Develop operational agreements between local DCFS and DMH offices
- Develop referral process
- Select a data collection system
- Provide mental health services to 50 DCFS children
- Conduct process to identify contract providers in SPA 7

November – December
- Acquire space for San Antonio MHC/Augustus F. Hawkins
- Hire remaining staff
- Complete co-location of staff with operational agreements in place
- Continue staff cross-training
- Provide mental health services to an additional 150 DCFS children

Phase Two

A Board letter supporting implementation of the Plan for Service Areas 1, 2, 3, 4, 5, and 8 will be submitted in January 2006, with full implementation to be completed by June 30, 2006. The timeline for implementation of Phase Two is as follows:

January - February
- Acquire required space for directly operated staff in selected SAs
- Hire 25% of staff
- Co-locate appropriate staff
- Cross-train DMH/DCFS staff
- Develop operational agreements
- Provide mental health services to an additional 200 DCFS children

March - April
- Hire additional staff
- Continue staff cross-training
- Acquire required space for remaining SAs
- Hire 25% of staff
- Co-locate appropriate staff
- Cross-train DMH/DCFS staff
- Develop operational agreements
- Provide mental health services to an additional 400 DCFS children

Phase Two (continued)

May - June
- Hire remaining staff
- Continue staff cross-training
- Provide mental health services to an additional 800 DCFS children

Implementation of the Plan will require some systems changes for both DMH and DCFS. For instance, the language in DMH contracts with contracted mental health providers will need to change to reflect the expectation that services will be delivered in a non-traditional, flexible, in-home, and community-based manner. Corresponding "Performance-based" contracting guidelines will also need to be developed.

Hiring this large number of professional staff also will be a challenge due to the small pool of eligible professionally trained personnel in Los Angeles County. Recruitment will have to extend outside of the County and possibly the State of California. Furthermore, full implementation of this considerable expansion of mental health services is contingent upon systems outside of the control of both DMH and DCFS.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

SPECIALIZED FOSTER CARE MENTAL HEALTH SERVICES
PROPOSED BUDGET
PHASE I - FY 2005-2006

DESCRIPTION	CSOC ADMINISTRATION			SERVICE AREA 6			SERVICE AREA 7			TOTAL		
	ORD	FTE	Budget	ORD	FTE	Budget	ORD	FTE	Budget	ORD	FTE	Budget
PROGRAM COST												
ON-GOING COST												
SALARIES & EMPLOYEE BENEFITS												
Regular Pay *	11.0	11.0	$ 777,238	67.0	65.0	$ 5,723,104	28.0	27.0	$ 2,252,930	106.0	103.00	$ 8,753,272
Overtime			-			31,000			-			31,000
Rounding			(238)			(104)			70			(272)
Total Salaries and Employee Benefits			**$ 777,000**			**$ 5,754,000**			**$ 2,253,000**			**$ 8,784,000**
SERVICES AND SUPPLIES												
Caminar						$ 15,000			$ 15,000			$ 30,000
Cellular Phones						3,160			5,450			8,610
Consultation Services												
Program Evaluation - David Geffen School of Medicine at UCLA				*50,000*								
Consultation - Caminar Data Extraction				*175,909*			*175,909*					
Consultation Services Total						225,909			175,909			401,818
Contract Services												
Kedren Community Mental Health Center				*500,000*								
Los Angeles Child Guidance				*500,000*								
TBA							*2,000,000*					
Contract Services Total			-			1,000,000			2,000,000			3,000,000
Mileage			360			10,000			5,040			15,400
Office Supplies			5,500			33,500			14,000			53,000
Pagers						2,880						2,880
Training						10,000						10,000
Travel						10,000						10,000
Telephone System						-						-
Vehicle Maintenance and Gas						36,000			18,000			54,000
Rounding			140			(449)			(399)			(708)
Total Services and Supplies			**$ 6,000**			**$ 1,346,000**			**$ 2,233,000**			**$ 3,585,000**
SPACE COST												
Space Cost			$ -			$ 350,000			$ 308,880			$ 658,880
Rounding						-			120			120
Total Space Cost			**$ -**			**$ 350,000**			**$ 309,000**			**$ 659,000**
TOTAL ON-GOING PROGRAM COST			**$ 783,000**			**$ 7,450,000**			**$ 4,795,000**			**$ 13,028,000**
ONE-TIME COST												
SERVICES AND SUPPLIES												
Computers and Printers			$ 38,500			$ 234,500			$ 98,000			$ 371,000
Fax Machine												-
Office Furniture						67,000			27,000			94,000
Rounding			500			500			-			1,000
Total Services and Supplies			**$ 39,000**			**$ 302,000**			**$ 125,000**			**$ 466,000**
FIXED ASSETS												
Vehicles			$ -			$ 140,000			$ 45,000			$ 185,000
TOTAL ONE-TIME PROGRAM COST			**$ 39,000**			**$ 442,000**			**$ 170,000**			**$ 651,000**
TOTAL COST (ON-GOING AND ONE-TIME)			**$ 822,000**			**$ 7,892,000**			**$ 4,965,000**			**$ 13,679,000**
AVAILABLE FUNDS AND REVENUES												
EPSDT												
EPSDT SGF			$ 193,300			$ 3,225,460			$ 2,029,196			$ 5,447,956
EPSDT FFP Medi-Cal			236,482			3,946,000			2,482,500			6,664,982
Rounding			218			(460)			304			62
Total EPSDT			**$ 430,000**			**$ 7,171,000**			**$ 4,512,000**			**$ 12,113,000**
Intrafund Transfer from DCFS												
CGF Match to EPSDT			$ 43,182			$ 720,540			$ 453,305			$ 1,217,027
CGF			348,634			-			-			348,634
Rounding			184			460			(305)			339
Total Intrafund Transfer from DCFS			**$ 392,000**			**$ 721,000**			**$ 453,000**			**$ 1,566,000**
TOTAL AVAILABLE FUNDS AND REVENUES			**$ 822,000**			**$ 7,892,000**			**$ 4,965,000**			**$ 13,679,000**
NET COUNTY COST			**$ -**			**$ -**			**$ -**			**$ -**

* Please see Attachment III for staffing detail.