State of California—Health and Human Services Agency

CDSS
WILL LIGHTBOURNE
DIRECTOR

EDMUND G. BROWN JR.
*GOVERNOR*

DHCS
JENNIFER KENT
*DIRECTOR*

Dear Stakeholders:

The California Department of Social Services and the Department of Health Care Services (herein referred to as the State), are pleased to announce the development of a shared management structure to continue the on-going work of child welfare and mental health collaboration and coordination of care. A Joint Management Task Force (JMT) was created as part of the *Katie A. v. Bonta* Settlement Agreement which was tasked with developing recommendations to the State to establish a statewide oversight and program development system to ensure that children and youth in the child welfare system receive entitled mental health services to best meet their individualized needs.

In addition to the JMT recommendations, a Core Practice Model Fiscal Task Force was developed to look at alternative ways to fund activities for on-going mental health and child welfare coordination of care. The Task Force consisted of state staff, county representatives and other stakeholders. This Task Force has developed an extensive list of recommendations for the State to consider.

Enclosed with this letter is a summary of both recommendations as well as the actions the State plans to take over the course of the next calendar year. The State will be developing new teams for decision making, advising purposes, and some existing teams will be repurposed to further the effort for increasing mental health services statewide. These teams include an Executive Team, a Community Team, a State Team and ad hoc workgroups as needed. More information about these teams and their members will be forthcoming.

As always, we are committed to providing the best possible care to our most vulnerable population. We are excited to further the hard work and dedication of our counties to provide individualized and coordinated care that will increase the well-being of the children, youth and families we serve. If you have any questions about the shared management structure or the JMT recommendations, please contact us at KatieA@dss.ca.gov or KatieA@dhcs.ca.gov.

Sincerely,

*Original Signed By*

WILL LIGHTBOURNE
Director
California Department of Social Services

*Original Signed By*

JENNIFER KENT
Director
California Department of Health Care Services

Enclosures

California Department of Social Services and Department of Health Care Services
Response to the Joint Management and Fiscal Task Force Recommendations

## Background

As a result of the *Katie A. v. Bonta* Settlement Agreement and subsequent Implementation Plan, the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) (herein referred to as the State), agreed to perform a number of actions including the establishment of a Shared Management Structure (SMS) to develop a shared vision and mission statement, provide policy and program direction with clear and consistent guidance, and develop outcome and accountability measures consistent with the Core Practice Model (CPM).

To this end, the *Katie A. v. Bonta* Settlement Agreement called for the establishment of a Joint Management Task Force (JMT), Accountability, Communications and Oversight (ACO) Task Force and a CPM Fiscal Task Force. Although the ACO Task Force was initially intended to be a sub-committee of the JMT, it was concluded by the Parties and the Court that the membership of the JMT included many of the same representatives who would also sit on the ACO Task Force. Therefore, members of the JMT also serve as the ACO Task Force with the addition of key program and quality assurance representatives from the State, counties, and providers.

The JMT recommendations were submitted to the State on July 29, 2014, while the CPM Fiscal Task Force submitted its recommendations to the State in November 2013. Therefore, responses to both the JMT and Fiscal Task Force's recommendations are included in this document. The recommendations and responses are organized into four separate sections:

I. Shared Governance
II. Policies and Procedures
III. Accountability, Communication and Oversight
IV. Fiscal Strategies

The State summarized the key components of each recommendation and prepared the response.

## I. Shared Management Structure for the State

The JMT recommends that the State adopt a shared governance model consisting of a Transformation Manager/Facilitator and two leadership teams—the Executive Team (ET) and the Community Team (CT). Together, these functions will constitute the Shared Management Structure (SMS).

Transformation Manager/Facilitator

The Transformation Manager/Facilitator will provide staff support and facilitation for both of the shared management teams and report directly to the ET. This person must have the time and skills to work across both departments and lived experience or substantial experience with families and youth with lived experience.

Executive Team

The ET will provide leadership and decision-making in the implementation of Child Welfare/Mental Health state interagency and intra-agency collaborative policy and practice consistent with the CPM. The ET will operate with direction and input from the CT. Matters that cannot be resolved by this team will be elevated to the Secretary of the Health and Human Services agency for resolution.

Community Team

The CT will be comprised of family and youth members, advocates, providers, county representatives and state representatives from the executive team. The role of the CT is to ensure that stakeholders are engaged and equal partners in leading the collaborative effort to change policy and practice. The team will provide leadership, direction, advice, and feedback about state policies and programs relevant to service delivery, data collection, quality improvement, and accountability regarding child welfare youth and families who need mental health services. Both, the ET and CT, will meet at least monthly.

The JMT recommends that the SMS be assessed using a Continuous Quality Improvement (CQI) approach. Both teams, together with the Transformation Manager, will need to continually evaluate how the teams and teaming structure are functioning and make changes as needed to ensure that goals and objectives are being accomplished, necessary work is getting done, and the process reflects the vision, mission, and values as they are articulated.

FixIT Teams will be created and function when there is a need to deal with a specific issue identified anywhere within the governance structure. These will be time-limited focused work groups with subject matter experts.

**State Response**

The State agrees to adopt the JMT recommendation to establish a SMS as proposed subject to specified modifications regarding implementing the function of the Transformation Manager. The ET will provide leadership and make decisions related to the implementation of policies and practices of the CPM and use data to drive decisions and monitor service delivery fidelity. The ET will consist of designees of the State Directors who will have decision making authority and, when appropriate, will elevate issues to the State Directors.

The designees will be expected to engage with the CT, soliciting advice and communicating feedback regarding various implementation areas. The ET will convene its first meeting no later than January 31, 2015, and will meet quarterly or more frequently as needed.

The State agrees with the JMT recommendation to establish a CT that will provide input, advice and feedback to the ET and State Team regarding policies and practices related to the CPM and service delivery, data collection, quality improvements, and accountability. The CT will be comprised of youth, parents, providers, an advocate, a local Child Welfare Services representative, a local Mental Health Plan representative, a County Welfare Directors Association representative, a County Behavioral Health Directors Association representative, a CDSS state team member, a DHCS state team member, and two members of the ET. This team will meet quarterly.

Pending installation of the shared management structure, the existing State Team, comprised of representatives from the State, will continue in its role to operationalize the Service Delivery Action Plan (SDAP) and other work that may emerge from the leadership teams. The State Team will address policy and practice areas and provide technical assistance and strategies to counties and providers. The State Team will continue to meet on a bi-weekly basis. A communication and feedback strategy will be developed by the State Team during the transition to the SMS.

Regarding the JMT recommendation for a FixIT Team, the State chooses to embed the FixIT Team functions within the current State Team infrastructure. The FixIT Team function will operate as proposed by the JMT recommendations, convening as a time limited ad hoc workgroup that will include members (internal and/or external) to address issues that require special review and specific expertise. These ad hoc groups will include members of the State Team, as well as other stakeholders. Frequency of meetings will depend on the issue.

The State is in support of the Transformation Manager function. In order to ensure that the roles and responsibilities of this function are incorporated most effectively, the State will need to determine whether the function requires a new position or if it can be repurposed within the Departments' existing infrastructures as well as further determine the duties and expectations of this position.

Current State and local infrastructures will be accessed in order to sustain the collaborative environment/momentum between Mental Health and Child Welfare agencies. (See Enclosure A)

## II. Policies and Procedures

### Recommendation Summary

The JMT recommends that CDSS and DHCS enter into a Memoranda of Agreement (MOA) articulating the Interagency Policies and Procedures by December 1, 2014, in order to better coordinate child welfare and mental health systems, program, and practice efforts that will serve child welfare youth with mental health needs.

The MOA terms will include, but not be limited to, agreement to: 1) Aligning departmental policies and procedures; 2) Coordinating routine communication prior to departmental action to assure alignment of direction and expectations; 3) Establishing joint departmental protocols for the production and distribution of information relating to and/or impacting both departments; and 4) Jointly issuing and signing All County Letters and All County Information Notices when both child welfare and county mental health plans are or may be affected by the policy or practice.

**State Response**

The State adopts and agrees with the purpose of this recommendation and acknowledges that the State will enter into an MOA by July 1, 2015, instead of the proposed December 1, 2014. The MOA will include, but not be limited to, items outlined in the JMT recommendations (Items 1-4).

## III. Accountability, Communication and Oversight

**Recommendation Summary**

The JMT recommends that the CT develop recommendations for a comprehensive CQI and Accountability System that further integrates the efforts of the State such as the Performance Outcomes System (POS), Continuum of Care Reform (CCR), Case Management System (CMS) and other activities.

The goal will be to include all efforts into a comprehensive CQI System for the purpose of guiding the state and counties in improving performance. The CT is to provide its report to the ET by June 30, 2015, for review and adoption as State policy.

The SMS is also recommended to convene a stakeholder meeting to obtain specific input for the CQI System per the *Katie A. v. Bonta* Settlement Agreement.

Prior to finalizing the overall CQI System, the State will meet the commitments of the SDAP and the ACO report (short-term, mid-term and long-term goals).

The CT will work with the State to re-establish appropriate dates and timelines for these activities. Within the overall CQI System, the State will develop incremental steps to integrate compliance and quality review activities. Wherever possible, compliance and quality improvement activities will be integrated and/or coordinated to increase efficiency and reduce duplication.

**State Response**

The State agrees with the JMT recommendations to establish a CQI and Accountability System consistent with the ACO short-term, medium-term and long-term goals. The State will review and consider the recommendations of the Community Team's report due to the ET by June 30, 2015.

The State agrees with the goal to coordinate existing state and county quality improvement processes and systems.

These quality improvement processes are associated with the DHCS Performance Outcomes System and External Quality Review Organization, the CDSS CCR, and the California Child and Family Services Review. The State will identify areas of natural intersection and coordination among these systems and work towards incremental integration through the use of the SMS.

The State will develop communication and input loops between counties, the families, youth, providers and associations regarding the CQI using the governance structure. Putting in place an effective communication strategy is important while the State installs the governance structure. With regard to the short-term, mid-term and long-term goals outlined by the ACO, many of these activities are currently being accomplished by the State Team as outlined in the SDAP developed on February 27, 2014. Per the JMT recommendation, as implementation progresses, the SDAP timeframes will be modified to address any emerging issues and current commitments.

## IV. Fiscal Strategies

### Recommendation Summary

The JMT recommends that the State develop and adopt the recommendations of the CPM Fiscal Task Force and collaboratively address budgeting and fiscal strategies that maximize the use of resources.

### State Response

The State agrees with the recommendations of the CPM Fiscal Task Force and believe many are either achievable within the future shared management structure or are currently underway through other initiatives. The State also reserves the right to revise any method, process and/or timelines associated with the recommendations**.**

### Fiscal Task Force Recommendations

**Recommendation 1.1.1 – The CDSS and DHCS should work with the County Welfare Directors Association, California Mental Health Directors Association (now the California Behavioral Health Directors Association), and other Stakeholders to develop a plan that invests existing resources into the provision of coordinated and aligned training and coaching that assists line staff, supervisors, subcontractors, family members, and other support persons with acquiring the skills needed to implement and sustain the Core Practice Model statewide.**

> *The CDSS and DHCS have already begun work to align training and coaching through the child welfare statewide training system in collaboration with the California Institute for Behavioral Health Solutions (CIBHS). Additional discussions have occurred with other training entities including the Chadwick Center. Further alignment with other stakeholders will be explored with the Community Team once developed as part of the shared management structure.*

**Recommendation 1.2.1 – The DHCS should publish a comprehensive Early and Periodic Screening, Diagnosis, and Treatment documentation manual similar to the documentation manual prepared by the California Institute for Mental Health (now the California Institute for Behavioral Health Solutions).**

*The CDSS and DHCS will work together to convene a multi-disciplinary workgroup in summer of 2015 to revise the current Medi-Cal Manual and Core Practice Model guide, which will be more comprehensive based on lessons learned from the Statewide Learning Collaborative.*

**Recommendation 1.2.2 – The CDSS and DHCS should prepare clear written guidance for counties and providers regarding proper cost allocation.**

*The CDSS and DHCS will explore what guidance will best support counties and providers regarding costs for services with the Community Team, once developed, as part of the shared management structure.*

**Recommendation 2.1.1 – The CDSS should consider updating current regulations and payment structures for Group Home providers in a manner that results in short-term treatment and/or Crisis Residential beds being available when needed.**

*The current regulations and payment structures are currently being addressed in the CDSS CCR framework.*

**Recommendation 2.1.2 – The CDSS and DHCS, with Input from Stakeholders, should explore opportunities to build upon the knowledge gained from prior efforts to shorten the length of stay in Group Homes and other Institutional Placements.**

*This information is currently reflected in the CDSS CCR framework.*

**Recommendation 2.3.1 – The DHCS should work with County Child Welfare and Mental Health Departments to produce an information notice that encourages counties to invest Mental Health Services Act or 1991 Realignment Funds into transition programs designed to increase placement stability.**

*The DHCS will provide technical assistance to encourage counties to invest mental health funding into transition programs to support placement stability for children and youth.*

**Recommendation 2.3.2 – The CDSS and DHCS, with Input from Stakeholders, should explore opportunities under the Affordable Care Act to increase access to Mental Health Services to increase placement stability.**

*The CDSS and DHCS will explore these opportunities with the Community Team, once developed, as part of the shared management structure.*

**Recommendation 2.4.1 – The CDSS and the DHCS, with input from Stakeholders, should explore the role and continued viability of Interagency Placement Committees and propose any necessary statutory amendments to clarify their role.**

*Child and Family Teams (CFT) are built within the CCR framework. Further, the CDSS and DHCS will examine the roles of the CFT and these committees with the Community Team once developed as part of the shared management structure.*

**Recommendation 3.1.1 – The CDSS and DHCS should explore with Stakeholders opportunities for County Child Welfare and Mental Health Departments to share resources in providing care to children and youth in the Child Welfare System who need Mental Health treatment.**

*The sharing of resources and opportunities will be leveraged and examined within the current context of available resources and is currently being addressed in the CDSS CCR framework.*

**Recommendation 3.1.2 – The CDSS and DHCS should explore with Stakeholders to jointly publishing a document that describes how County Child Welfare and Mental Health Departments may negotiate agreements to share the fiscal risks and benefits associated with group home placements.**

*The fiscal structure of group home placements is being revised in the CDSS CCR framework.*

**Recommendation 3.1.3 – The CDSS and DHCS should work with County Child Welfare and Mental Health Departments to determine how the Core Practice Model will impact workload for Child Welfare Workers and Mental Health Clinicians.**

*This is currently being addressed in the child welfare statewide practice model which is being developed based on the foundational work of the Katie A. Core Practice Model. This model will support best practice for child welfare workers statewide and provide a model for a family focused approach.*

**Recommendation 3.2.1 – The DHCS should seek additional resources to provide training and technical assistance to County Mental Health Departments to assist with proper documentation and claiming for Medi-Cal Specialty Mental Health Services.**

*The CDSS and DHCS continue to work with both statewide training systems within child welfare and mental health to improve cross training and the development of trainings that further address coordination of mental health services within child welfare. Additional training needs for proper documentation and claiming for Medi-Cal Specialty Mental Health Services will also be addressed within this framework.*

**Recommendation 3.2.2 – The DHCS should work with the California Mental Health Directors Association to improve the provider enrollment process.**

*The DHCS will work with the California Behavioral Health Directors Association on improvements to the provider enrollment process while considering the new Affordable Care Act requirements to ensure program integrity.*

**Recommendation 3.3.1 – The CDSS and DHCS should work with Stakeholders to prepare for local government agencies and organizations a Catalogue of Funding Sources which may be used to finance the Non-Federal Share of Title XIX Services, as well as Non-Traditional Mental Health Services.**

*The CDSS and DHCS will explore the development of a Catalogue of Funding Sources with the Community Team, once developed, as part of the shared management structure.*

**Recommendation 3.3.2 – The CDSS and DHCS should continually collaborate with County Child Welfare and Mental Health Departments to seek Federal Grants or Waivers and Foundation Grants that would support implementation of the Core Practice Model.**

*The CDSS has begun this effort through the recently executed Title IV-E Waiver Demonstration Project. As part of this project, nine county child welfare departments will use Title IV-E dollars to support the implementation of the Core Practice Model using Safety Organized Practice elements.*

# Shared Management Structure and Communication Plan

**Enclosure A**