



TOBY DOUGLAS  
DIRECTOR

## State of California—Health and Human Services Agency



EDMUND G. BROWN JR.  
GOVERNOR



WILL LIGHTBOURNE  
DIRECTOR

### **Executive Summary:**

#### **Department of Health Care Services and California Department of Social Services Statewide Analysis of Readiness Assessment Tools and Service Delivery Plans**

The California Department of Social Services (CDSS) and the California Department of Health Care Services (DHCS) (hereafter referred to as the State) share responsibility for meeting the mental health needs of children and youth in foster care, and for implementation of the Settlement Agreement in the Katie A. v. Bonta federal class action lawsuit. As part of that effort, county child welfare and mental health agencies were asked to work together to complete a Readiness Assessment (RA) tool that would show how family-centered values and principles are reflected in existing systems and a Service Delivery Plan (SDP) that includes specific methodologies for delivering Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS). The analysis of these documents guides the next steps of implementation.

The State's in-depth analysis identified encouraging examples of implementation activities and successes throughout California, as well as potential challenges, including the following themes:

- Areas of excellence throughout the State in the components of Shared Governance and Interagency Collaboration, including the co-location of mental health and child welfare staff, Memorandums of Understanding between agencies, and established processes for information sharing and coordination of services. The promising practices in these counties will provide beneficial information for peer to peer support.
- Several counties currently have the capacity, or are in the process of adjusting their capacity, to provide ICC and IHBS to Subclass members. Thirty-five percent of counties have an organized and efficient process currently in place to provide ICC and IHBS, and an additional 17 percent of counties are in the process of expanding their capacity to meet the need for ICC and IHBS.
- Teaming is a key component for implementation of ICC, IHBS, and the Core Practice Model (CPM). Forty six percent of counties currently have a clear and defined process in place for teaming with members of the Subclass. Of these counties, seven displayed promising practices that will be used as models for other counties.
- Additional clarification is needed regarding identification of the subclass.
- The majority of counties expressed challenges within two areas of implementation: Outcomes and Evaluations and the Involvement of Children, Youth and Families.

Since March 2013, the State has engaged in ongoing communication with the counties regarding implementation efforts. As would be expected with any systemic change, counties are at varying levels of readiness. The statewide analysis revealed areas of noteworthy accomplishment and achievement, as well as possible challenges, both of which will inform and guide the State's activities moving forward.

**Department of Health Care Services and California Department of Social Services  
Statewide Analysis of Readiness Assessment Tools and Service Delivery Plans**

In accordance with Phase II of the Katie A. Implementation Plan, the State prepared the following analysis of county RA Tools and SDPs.

**I. Readiness Assessment Tool and Service Delivery Plan Background**

On March 15, 2013, DHCS released Mental Health Services Division (MHSD) Information Notice 13-03 to provide county Mental Health Plans (MHPs) with instructions for completing the RA and developing an SDP. Concurrently, CDSS shared the instructions with county Child Welfare Departments (CWDs) via email. MHPs and CWDs were required to complete both the RA and SDP jointly and submit a completed package to DHCS by May 15, 2013.

The RA was intended to guide counties' assessment of their level of collaboration system wide and their inclusion of children and families. The SDP was intended to provide the State with an outline of each county's plan for implementing the delivery of ICC and IHBS that are coordinated, comprehensive, individualized, and community-based in a manner consistent with the Core Practice Model (CPM)

MHPs and CWDs were encouraged to seek stakeholder input and to incorporate the input of youth, families, and parents to complete the RA. The RA addressed eight specific areas of focus including:

- Agency Leadership
- Systems and Interagency Collaboration
- Systems Capacity
- Service Array
- Involvement of Children, Youth and Family
- Cultural Responsiveness
- Outcomes and Evaluation
- Fiscal Resources

In each area, MHPs and CWDS jointly selected a score to reflect the status of current county efforts. Counties used the rating scale shown below:

<b>1 point</b>	<b>Need</b>	This means the item is not present at all in one or both agencies. Indicates that one or both agencies need substantial technical assistance (TA), training, and other support.
<b>2 points</b>	<b>Developing</b>	Item is planned or is currently present in a low or modest level in both organizations. Indicates that the agencies are active in developing an item, and likely need some TA and support.
<b>3 points</b>	<b>Strength</b>	Item currently has a strong presence throughout both organizations. Indicates that agencies actively support the item in a sustained way. May have occasional need for support, but also able to share expertise with other agencies.

MHPs and CWDs developed an ICC and IHBS SDP that included the minimum core components necessary for successful implementation. The SDP addressed five specific areas including:

- Needs Assessment
- Direct Delivery of Services
- Gap Analysis
- Services Capacity Assessment
- Stakeholder Involvement

## **II. Submission Process**

Counties were required to submit their final RA and SDP electronically to DHCS by May 15, 2013. On March 13, 2013, DHCS and CDSS began hosting weekly technical assistance calls with county MHPs and CWDs to discuss the RA and SDP and to answer any questions from call participants regarding completion of the documents.

On March 28, 2013, the State, in collaboration with the California Mental Health Directors Association (CMHDA) and the California Welfare Directors Association (CWDA), hosted an orientation for county MHP and CWD directors and executive leadership. At this orientation, expectations regarding the RA and SDP were discussed, and questions from MHP and CWD attendees were addressed. Additionally, DHCS and CDSS provided individual technical assistance as needed to counties as they completed their RA and SDP. Technical assistance was provided both via email through the DHCS and CDSS Katie A. email addresses, and through individual phone calls.

Thirty-one counties submitted RAs and 30 counties submitted SDPs by May 15, 2013. Some counties communicated to DHCS and CDSS a need for additional time to complete the RA and/or SDP, in which case an extension was granted. RAs from 58 counties and SDPs from 54 counties were received and are reflected in this analysis.

## **III. Objectives of Analysis**

The Phase Two Implementation Plan adopted by the court on November 21, 2012, identifies the objectives of the analysis as follows:

1. To develop and model child welfare and mental health service delivery systems based on the CPM;
2. To identify opportunities for and challenges to providing full access to services for Subclass members and broad, statewide adoption of the CPM; and
3. To provide an initial framework for an ongoing process of communication, engagement, collaboration, and problem-solving with county partners and other stakeholders.

#### **IV. Process for Analysis**

Review and analysis of county RAs and SDPs occurred in two phases. In the first phase, State staff distributed the workload of reviewing the SDPs and RAs, assigning a “primary” and “secondary” reviewer to ensure both departments’ perspectives were reflected in the analysis of each county.

Information from the first analysis of county RAs and SDPs was used to select a cohort of counties for participation in the Learning Collaborative. RA scores were recorded to identify components that received a median score or above. Then, reviewers discussed the strengths and needs of each county’s SDP, and reached consensus on an informal rating of one, two, or three, using the same likert scale as in analysis of the RAs. These two preliminary ratings were used as an indication of a county’s readiness to participate in the Learning Collaborative, and formed the basis for the selection of counties. Seventeen counties were selected and have agreed to participate in the Learning Collaborative. Counties will work together in three regional groups (north, central, southern), and a fourth group of small counties.

The second phase of the analysis involved a more thorough review of the content in the RAs and SDPs. Representatives from the DHCS Lawsuit Support Unit and CDSS Integrated Services Unit were joined by DHCS County Liaisons and CDSS Outcomes and Accountability staff to discuss county RAs and SDPs in detail. These focused conversations provided important context for each county’s RA and SDP by using information from both departments about other county implementation activities, such as California Wraparound or the Mental Health Services Act. This integrated approach was used to provide a more comprehensive understanding of the counties’ strengths and challenges linking class and subclass members to services, developing and guiding statewide implementation of ICC and IHBS, and identifying existing models of governance and service implementation.

#### **V. Analysis**

The SDPs and RAs provided information on specific areas of readiness and themes which have provided the State with insight regarding how to best design technical assistance and training opportunities, incentivize and sustain sharing among county systems, and develop recommendations for next steps. The themes that emerged included:

- Infrastructure
- Services
- Stakeholders
- Technical Assistance

##### **A. Infrastructure**

Thirty-one percent of counties, representing 68 percent of open child welfare cases in the State, described strong collaborative practices and were identified as potential models of good shared governance structures. Counties who have strong Children’s Systems of Care, Full Service Partnerships, and Wraparound programs report strong collaboration between child welfare and mental health. For example, Orange County’s Social Service Agency (SSA) and Health Care Agency (HCA) have established memorandums of understanding related to screening, assessing, and providing mental health services

for children in foster care and at risk of foster or Kin care. The SSA and HCA also have obtained miscellaneous orders from the Juvenile Court that have aided in facilitating information sharing and coordination of such services. In another example, San Diego County is exploring co-location of a Behavioral Health Services (BHS) licensed mental health clinician within Child Welfare offices to create the opportunity for teamwork. This will allow for strong joint governance, provide onsite BHS behavioral health consultation with child welfare and seamless service provision to children and families.

Challenges do exist for some counties with respect to interagency collaboration between mental health and child welfare agencies. Thirty-three percent of counties rated their interagency collaboration to be in the early stages of development. The analysis of the SDPs and RAs indicates that shared governance is a significant concern in 31 percent of counties, and a minor to moderate concern in an additional 11 percent of counties. This information indicates a need to give this element particular attention in the coming months.

## B. Services

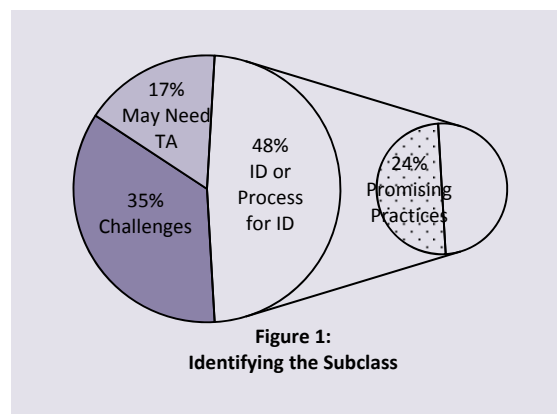
The State also reviewed counties' self-assessment of their ability to provide ICC and IHBS services by analyzing RA sections *Service Array* and *Systems Capacity*, and identifying the emerging themes from SDP sections *Needs Assessment*, *Existing Services*, and *Gap Analysis*.

### 1. Identification of the Subclass

The *Needs Assessment* section of the SDPs provided the State with a snap shot of counties' ability to identify the Subclass.

Forty-eight percent of counties identified or articulated a process of identifying members of the subclass in their county through a clear and defined process (Figure 1, below). This group of counties accounts for 80 percent of open child welfare cases statewide. Of those counties, half (24 percent) described promising practices that the State has identified to share with other counties who are currently in need of technical assistance. The State identified 17 percent of counties that were developing a process for identification of the Subclass. Thirty-five percent of counties were experiencing challenges identifying the Subclass. Those counties have been flagged for more direct and intensive technical assistance in this area.

Twenty-four percent counties articulated a defined screening, assessment, and referral process specific to the Katie A. Subclass members.



### 2. Teaming Components Operationalized

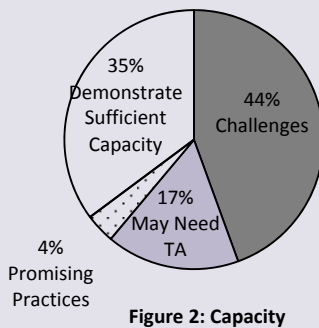
The *Needs Assessment* section of the SDPs provided the State with a snap shot of counties' understanding of the teaming component of the CPM, ICC, and IHBS services, and the counties' ability to operationalize this component. The CPM incorporates the practice of teaming for all youth and families and is a cornerstone to successful statewide implementation of ICC and IHBS services.

The State determined that 46 percent of counties, representing 31 percent of open child welfare cases statewide, practice teaming with members of the subclass in their county through a clear and defined process. Within that group, a subset of counties (13 percent) engaged in promising practices that the State flagged to share with counties that are currently in need of technical assistance. Seventeen percent of counties were developing a process for practicing teaming with members of the subclass.

Thirty-seven percent of counties were experiencing challenges practicing teaming with the subclass. These counties have been flagged for more direct and intensive technical assistance in this area.

### 3. Service and System Capacity

In RA sections *Service Array* and *Systems Capacity* and SDP sections *Existing Services* and *Gap Analysis*, counties provided the State with a snap shot of their ability to identify and articulate their current capacity for implementation of ICC and IHBS services. Counties were asked to assess existing capacity, plan for short-term expansion, and identify unmet long-term capacity needs.



Thirty-five percent of counties provided a thorough account of their current capacity to provide ICC and IHBS services and indicated an organized and efficient process to provide ICC and IHBS services to subclass members (Figure 2). Those counties account for 34 percent of California's open child welfare cases. Four percent of counties provided a particularly organized and efficient example, and were flagged by the State for potential assistance in aiding similarly situated counties who are currently in

need of technical assistance. Those counties that demonstrated promising practices account for 1,346 open child welfare case placement counts, which is two percent of the statewide total.

Seventeen percent of counties were in the process of expanding their capacity to meet the need for ICC and IHBS services and 44 percent of counties were experiencing challenges expanding their capacity to provide ICC and IHBS services to subclass members. Examples of challenges that counties identified were shortages in bilingual staff, lack of access to services in rural areas, waiting lists for currently provided services, and potential funding issues. These counties have been flagged for more direct and intensive technical assistance in these areas.

### C. Stakeholders

Counties' self-assessments indicate broad recognition of the importance of developing a strong and inclusive approach to engaging with children, families, and other stakeholders. The State found that 57 percent of counties described a detailed process used to inform and engage stakeholders on implementation of the CPM, and to obtain input on the implementation of ICC and IHBS services. Counties described processes that built on prior success engaging stakeholders, including the community planning process for the Mental Health Services Act. Multiple counties set forth innovative or particularly effective examples of inclusive stakeholder processes and the State will encourage those counties to share those practices with other counties.

Parallel to these promising practices, the counties' self-assessments in both the RAs and SDPs indicated that some counties have challenges identifying ways for children and families to have a meaningful role in local systems. Twenty two percent of counties indicated the existence of family-centered principles and child, youth, and family involvement within their system.

Though counties indicated challenges including child and family role in local systems, counties also indicated openness to adding the perspectives of children, youth, and families to their systems and practices. This is an important and positive step toward adopting family-centered principles.

#### **D. Technical Assistance**

Counties' self-assessment provided the State with important information regarding areas that technical assistance would be most beneficial and barriers that would need to be overcome before statewide implementation can be achieved.

Twenty percent of counties identified and articulated particular areas of technical assistance that would increase implementation. Counties requested technical assistance in areas such as teaming, documentation, training and coaching, and elements of the CPM. Four percent of counties demonstrated particularly clear and efficient practices and were flagged as potential hosts for county to county technical assistance.

In addition, two percent of counties articulated potential barriers to implementation and 22 percent of counties articulated definitive barriers that need to be addressed before successful implementation of ICC and IHBS services may occur. These counties have been flagged for continued observation and more direct and intensive technical assistance in these areas.

### **VI. Next Steps**

#### **A. State Outreach**

The State has identified emerging themes including: lack of a shared governance structure; unidentified service capacity needs to provide ICC and IHBS; inadequate stakeholder involvement; and training needs. Since March 2013, the State has been addressing these barriers through weekly technical assistance calls, eight regional orientations, and the development of Frequently Asked Questions to be published on the State's Katie A. websites. The State will continue to provide guidance and support to counties in each of these areas.

Additionally, during the month of August, the State will be participating in joint presentations regionally, an orientation session with breakout groups in Shasta County, and a Parent Partner Coalition presentation in collaboration with the United Advocates for Children and Families.

Results of the statewide analysis also indicate that some counties are experiencing difficulty in identifying the subclass, claiming, and planning for short- and long-term capacity needs. The State will continue to provide clarification regarding these topics through weekly technical assistance calls and via email through the DHCS and CDSS Katie A. inboxes. It is also important to note that each of the statewide orientations, the majority of which were conducted after submission of the RAs and SDPs, focused on subclass eligibility criteria. The State will continue to provide guidance to counties who are

struggling to identify their subclass members and, if necessary, assist in the facilitation of discussions between county MHPs and CWDs.

#### **B. Peer to Peer Facilitation**

In addition to general and regularly scheduled outreach, DHCS and CDSS have identified counties that show promising practices in specific areas and may be able to provide peer to peer support to other counties. Specific examples of areas in which the State has identified promising practices that will prove beneficial to counties include the following:

- Shared Governance
- Identifying the Subclass
- Capacity
- Family Engagement Strategies

The promising practices of these counties will be shared with other counties through peer to peer sharing. DHCS and CDSS will encourage a forum of peer to peer learning through the Learning Collaborative process, as well as through statewide Webinars and/or in-person regional technical assistance meetings in various county regions and the weekly technical assistance calls.

#### **C. All County Letters and All County Information Notices**

In May 2013, DHCS and CDSS jointly released MHSD Information Notice 13-13: Family and Youth Involvement and Engagement Strategies – Katie A. Implementation. The Information Notice highlighted specific strategies for counties to utilize in their outreach and engagement efforts to children and families. This information will be used by the State to support counties needing assistance with engaging youth and families in their implementation of the CPM, ICC, and IHBS.

In May 2013, DHCS and CDSS jointly released MHSD Information Notice 13-11: Implementation of Claiming for ICC and IHBS in the Short-Doyle/Medi-Cal Claims Processing System for Dates of Service Beginning January 1, 2013. The Information Notice sets forth claiming and billing requirements and limitations for counties to use as a guide in processing their ICC and IHBS claims.

DHCS and CDSS are jointly developing an All County Letter (ACL) which will further clarify the State's expectations of counties in implementing CPM, ICC and IHBS.

#### **D. Ongoing Taskforce Reviews and Recommendations**

The results of the statewide analysis revealed that several counties are struggling with system and interagency collaboration and with the development of a shared governance structure. Currently, the Joint Management Taskforce (JMT) is in the process of developing recommendations for the establishment of a shared management structure at both the state and county level. As one component of these recommendations, the JMT will provide models for local agencies to consider in working more effectively together, including, the integration of departments or services and specific coordination management models.



In addition, counties asserted that a barrier to capacity sufficient for implementation of ICC and IHBS services is sufficient funding for necessary adjustments. The Core Practice Model Fiscal Taskforce is in the process of developing recommendations that will advise counties on a variety of different ways to capture funding from existing sources and potentially overlooked sources.

#### **E. Targeted Outreach**

As of July 12, 2013, DHCS and CDSS, County Support Staff began conducting targeted outreach to all 58 counties via email and conference calls. The purpose of this outreach was to follow-up with counties regarding the information provided in their RA and SDP on the status of implementation efforts, claiming issues and to provide any necessary technical assistance. As a result of this targeted outreach, DHCS and CDSS have learned of the significant progress counties have made in implementing ICC and IHBS during the past two months, as well as additional areas (such as teaming and coaching) that may need to be addressed through future trainings and/or webinars. DHCS and CDSS anticipate the county bi-annual progress reports will reflect continued progress towards full implementation.

#### **F. Training Opportunities**

The State is collaborating with the Resource Center for Family Focused Practice (RCFFP) at U.C. Davis to plan statewide trainings. Currently identified topics of these trainings include teaming, engaging families through teaming processes, and advanced facilitation skills. The RCFFP currently has curriculum developed in these areas and can offer these trainings for child welfare, mental health and the provider community.

The State is also collaborating with the Regional Training Academies (RTAs) and California Social Work Education Center (CalSWEC) through the Statewide Training and Education Committee forum to identify areas for developing cross discipline training for both CWDs and MHPs. All trainings will be targeted based on the needs as identified in this analysis.

#### **G. Learning Collaborative**

The CDSS and DHCS will work with the CalSWEC, the RTAs, the California Institute for Mental Health, and the Learning Collaborative counties to establish priorities and goals to study in each regional collaborative. CalSWEC and the RTAs will also provide support to the counties as they test individual strategies as part of the collaborative.

#### **H. Progress Reports**

In accordance with the Katie A. Implementation Plan, the State will collect and review semi-annual progress reports from California counties. The State will ask county MHPs and CWDs to jointly prepare and submit a semi-annual implementation progress report beginning October 1, 2013. The report will include reporting on mental health service utilization, action plans to address areas identified for improvement, and specific needs for technical assistance or state support.