

The Katie A. Settlement, the Core Practice Model, and System of Care

How California Can Best Deliver Family- Centered and Integrated Children's Services.

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Today's Objectives...

1. Participants will be able to summarize the Katie A. Settlement and how it relates to emerging efforts to create a statewide Core Practice Model.
2. Participants will be able to apply two strategies toward developing an integrated, practice model compliant care model in their county.
3. Participants will be able to describe several ways in which the System of Care practice will engage and better meet the needs of family members, in order to comply with Katie A, and emerging practice model constructs.

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"The speed of disruption (change) is significantly accelerated if an **integrated entity** wraps its arms around all the elements in order to orchestrate the changes"

Clayton Christensen, Harvard School of Business  
"The Innovator's Prescription"

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## Our Shared Dilemma

- The primary obstacle to disruptive change in publicly funded social services is government regulation. Too much time is spent writing and implementing new laws and mandates, and almost no time in local or state collaboratives where shared networks of solutions could be designed, piloted, scaled, and refined.
- The closest thing we can get to disruptive innovation in children's services in the last fifteen years is SB 163 and Prop 63.
- It's going to be up to counties and communities to lead real change!

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## Integrated Care: We had plenty of warnings...



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## Little Hoover Commissions

"...yet no one agency is responsible for ensuring that efforts are coordinated. Children receive the help that programs offer, not what they need."

"...problems are often accompanied by other ailments, particularly mental health issues, the state must require treatment providers to develop partnerships with other health and human service systems."

"The most productive reforms have tried to integrate the efforts of single-tasked government agencies."

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### Blue Ribbon Recommended--

- Because the courts share responsibility with child welfare agencies and other partners for the well-being of children in foster care, the courts, child welfare, and other partnering agencies must work together to prioritize the needs of children and families...and remove barriers that keep stakeholders from working together effectively.
- The presiding judge of the juvenile court and the county social services or human services director should convene multidisciplinary commissions at the local level to identify and resolve local system concerns, address the recommendations of the Blue Ribbon Commission, and build the capacity to provide a continuum of services.
- These multidisciplinary local commissions include participation from the courts; local government officials; public and private agencies and organizations that support children and families; children, parents, and families in the system; caregivers; and all other appropriate parties to the process.

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### Katie A. vs. CDSS (2013)

- (July 2002) A child welfare reform class action against the California Department of Health Services (DHS), LA County's DCFS, and the California Department of Social Services (CDSS).
- Seeks implementation of a community-based mental health service delivery system for California's children in state foster care or at imminent risk of out-of-home placement. The suit challenges the County and State agencies for neglecting their duties to provide necessary and legally mandated health care services to treat the mental health conditions of California's foster children.

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### Katie A....

- December 2, 2011--Order approving a proposed settlement of the case. The settlement agreement seeks to accomplish systemic change for mental health services to children and youth within the class by promoting, adopting, and endorsing three new service array approaches for existing Medicaid services.
- "CDSS and DHCS will work together with the federal court appointed Special Master, the plaintiffs' counsel, and other stakeholders to develop and implement a plan to accomplish the terms of the settlement agreement."

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### Katie A...

- "This case involves complex statutes and regulations; *innovative strategies* for dealing with mental illness and behavioral problems afflicting children and adolescents; the challenge of coordinating the efforts of such *disparate* Medicaid providers as physicians, social workers, lawyers, teachers, family members and foster parents, all of whom serve or treat those children; foster care systems throughout the state that are beleaguered on many fronts, and the ever present (and growing) gap between the legal responsibilities of governments and their capacity to discharge those costly responsibilities." (Katz)

*if ever a scenario called for integrated models, its this one!*

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### Katie A. Requires...

- Program Enhancements for Children and Youth in Foster Care
  - Timely Screening for MH needs and services
  - Community Based Intensive Services
  - Therapeutic Foster Care (TFC)
- Joint Management Structure and Process
  - Mental Health and CWS Authorities must collaborate
- Shared Accountabilities
  - Data Evaluation/Shared Quality Improvement processes
- *Sounds a lot like the Blue Ribbon Commission recommendations ...*

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### Core Practice Model will require...

- Policy Alignment between Mental Health and Child Welfare Programs
- Shared Training, Coaching and Supervision of staff
- Child and Family Team Meetings as Central Engagement Tool
- Trauma Informed Practices

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## California's Practice Manual

- "The CPM requires collaboration between child welfare and mental health staff, service providers, and community/tribal partners, working with children, youth, and families."
- If properly developed, will be first in the Nation to include both Mental Health and Child Welfare Practice and Leadership principles and practices.
- *The Challenge: Only a handful of counties are prepared to actually use a practice model that requires integrated and collaborative models!*

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## The Great thing about System of Care and Practice Models...

- Shared Values, Vision and Mission
- Shared Theory and Principles of Service
- Shared Practice Approach—Family Centered and Strength Based
- All of the Katie A required elements, and all of the Practice Model elements are already contained within a well functioning System of Care.
- The good news... You don't have to build a *fully integrated* System of Care.

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## Common Ground Common Language

<p><u>WRAP/ System of Care</u></p> <ul style="list-style-type: none"> <li>○ <u>Engagement and Preparation</u></li> <li>○ <u>Initial Plan Development</u></li> <li>○ <u>Plan Implementation</u></li> <li>○ <u>Transition</u></li> </ul>	<p><u>Core Practice</u></p> <ul style="list-style-type: none"> <li>○ <u>Engagement</u></li> <li>○ <u>Assessment</u></li> <li>○ <u>Service Planning</u></li> <li>○ <u>Monitoring and Reporting</u></li> <li>○ <u>Transition</u></li> </ul>
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## System of Care Values and Principles

- Comprehensive array of services/supports
- Individualized services guided by an individualized plan
- Blended, Braided and Coordinated Financing
- Families, surrogate families and youth are full partners in all aspects of planning and service delivery
- Integrated services and linkage to natural helping networks
- Early identification and intervention
- Effective advocacy and Rights are promoted and protected by all
- Data Driven/ CQI to inform and promote learning and practice enhancement
- Services received are sensitive and responsive to cultural differences and special needs

Adapted from Stroul, B., & Friedman, R. (1986). *A system of care for children and youth with severe emotional disturbances*. (Revised) Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

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## System Change Focuses On...

- Policy Level (Financing; procedures and practices)
- Management Level (data; QI; system organization)
- Frontline Practice Level (assessment; care planning; care management; services/supports provision)
- Community Level (partnership with families, youth, natural helpers; community buy-in)

Pires, S. (2002). *Building systems of care: A primer*. Washington, D.C.: Human Service Collaborative.

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## Systems of Care as Reform Initiatives

<u>FROM</u>		<u>TO</u>
Fragmented service delivery	→	Coordinated service delivery
Categorical programs/funding	→	Blended resources
<b>Limited services</b>	→	<b>Comprehensive service array</b>
Reactive, crisis-oriented	→	Focus on prev./early intervention
Focus on "deep end," (restrictive)	→	Least restrictive settings
Children/youth out-of-home	→	Children/youth in community
Centralized authority	→	Community-based ownership
Creation of "dependency"	→	Creation of "self-help"

Pires, S. (2002). *Building systems of care: A primer*. Washington, D.C.: Human Service Collaborative.

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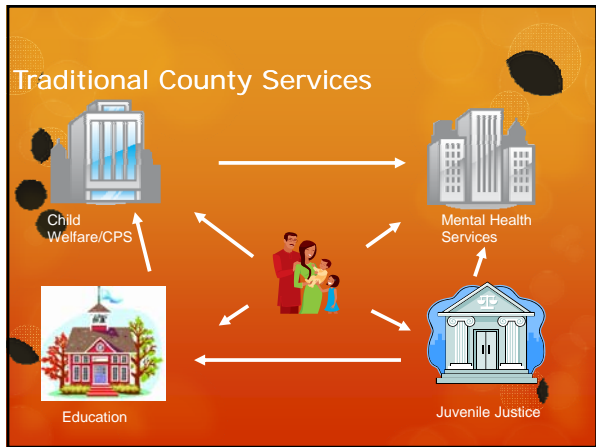
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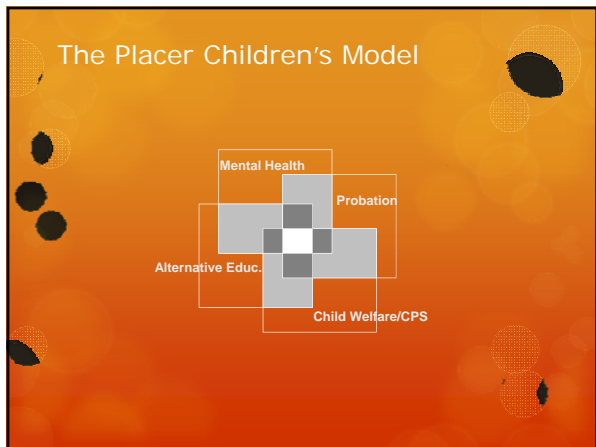
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## System Outcomes

- Family Centric Governance forces System to Self Assess and Self Correct
- Out of home placements are reduced and the number of children safely maintained in their home is increased.
- More data informed and quality assurance driven decisions.
- The public view of the child welfare system is improved. The roles and responsibilities of the child welfare system are clear to the public, partners, and stakeholders.
- All children, youth, and families experience assessment, service planning, and service delivery in an equitable, culturally responsive manner that supports positive outcomes. Data reflects no disproportionate outcomes or disparate treatment of those involved with the child welfare system.

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## But Counties and Kids can't wait for the state to implement change...

- There are steps counties may take now, which will enhance the rate of change and integration, and better prepare themselves for CPM compliance.

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## Strategy #1(County) Memorandum of Understanding

- County must have a Memorandum of Understanding-- binding CWS, Mental Health, and Probation and Schools(Other Partners?) That MOU should contain:
  - Practice Elements of CPM/SOC
  - Information Sharing Permissions (HIPAA Compliant)
  - Collaborative, Unified and Integrated Service Planning (One Plan/One Document)
  - Shared Management and Leadership Processes
  - Shared Outcomes
  - Integration of Family Voice and Choice in Governance

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### Strategy #2 (County) Structural Integration

- Co Location of Staff
  - Unified Space
  - Unified Team Meetings
- It's not necessary, though desired, to share information systems and forms, etc.

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### Strategy #3 Build Family and Youth Voice

- Hire and Train Parents and Youth with Lived Experience
- Co Locate them—Enhance the Practice Change
- Assure they have voice in Leadership and Management Decisions

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### Strategy # 4 Oversight and Program Review

- Shared Mental Health OI/ SIP Planning and Execution
  - Require County MH staff participation in CWS SIP/CSA process
- Start Doing "System" Assessment
  - University of South Florida
- Counties must advocate and demand that the State consolidate currently redundant oversight and review processes:
  - External Quality Review (EQRO) DHCS
  - EPSDT Review
  - CSFR/SIP/PQCR (CDSS)
  - Consumer Perception Survey (POQI) DHCS
  - MHSA Reviews (Pending) DHCS/OAC

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### Strategy #5 Single Unified Training Plan

- "The child welfare system has a staff development plan that addresses initial and ongoing staff development and is accessible to all staff. This would include competencies, skill, knowledge, abilities and values needed to carry out duties related to child safety, permanency and well being in a culturally responsive manner."
- In order to unlearn the siloes that are learned in Academic and other work settings, counties should implement a single, unified training plan for Child Welfare, Probation and Mental Health clinical staff.
  - Evidenced Based
  - Trauma Focused
  - Consumer and Family Centered

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### Recommendations for the State

- Require Key Association and State Agency Personnel to attend one another's association meetings
- Provide a Unified Katie A. Technical Assistance Summary each month to all CWS/MH partners.
- Create a single, unified County Assessment and Quality Measurement System—University of South Florida Tool
  - Or Expand use of the Katie A. Semi Annual Report, while...
- Eliminating the current bifurcated and redundant county reviews!

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### Current Risks

- CPM development, as late as July 2013 was beginning without consumer, mental health, education or probation partners at the table.
- Redundant regulatory enforcement will rob children and families of resources, as counties evolve into systems of regulatory response and risk management, rather than child centric service agencies.
- Poorly coordinated training between county agencies will continue to fragment treatment approaches.
- MHSA is quickly becoming Over Regulated and will be co-opted by "traditional government oversight" mechanisms.

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## What can courts and partners do to encourage collaboration and integrated care.

- Implement 241.1 (Dual Status) if still segregated
- Require Court Reports, Case Plans and Memos to include documented contact with collateral systems(Education and Mental Health)
- Champion System Change by bringing leaders to the table. Convene task force, as Blue Ribbon Commission suggested.
- Seek out Grants or support other funding of direct service models which require collaborative approach.
- Require Schools to account for Local Control Funding Decisions, and build them into service plans.

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## A Word about CWS-School Partnership

- **Funding Formula:** Foster youth are one of three subgroups of at-risk students recognized by the LCFF as requiring additional and unique educational services and supports.
- **State Accountability Framework:** With the LCFF, California became first state to include foster youth as a subgroup in their education accountability framework, the API.
- **Local Control and Accountability Plans:** The Local Control and Accountability Plans (LCAPs) developed by school districts must indicate how the district will improve the educational outcomes of foster youth. This includes the district's goals for foster youth, the actions the district will take to achieve these goals, and associated expenditures.
- **Data Sharing:** The California Department of Education has been made responsible for informing school districts which of their students are in foster care, and the legislation requires that information be shared with CWS partners.

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## Suggestions for the Journey

- Keep Eye on the Prize—Don't let "technical difficulties" get in the way
- Assure "ownership" at all levels
- Find more than one "Champion"
- Celebrate and Market your success
- Agree to Disagree—except when it comes to being in the sandbox together
- Make Promises you CAN and WILL keep

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