A4  Incorporating the Shared Practice Model and Intensive Care Coordination and Intensive Home-Based Services Into Practice

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Garden 2
Incorporating the Shared Practice Model
Intensive Care Coordination
and
Intensive Home-Based Services into
Practice

Los Angeles County Department of Mental Health
Child Welfare Division

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“Continuity gives us roots;
change gives us branches,
letting us stretch & grow
and reach new heights”
- Pauline R. Kezer

Learning Objectives

- History of the Katie A. and Settlement Agreement
- Provide key concepts of the Core Practice Model and practice expectations for new services: Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)
- Provide a shift in thinking about how we provide services to children/youth and families and reinforce a collaborative approach with partner systems
- Highlight barriers to implementation and service delivery
- Accomplishments
Abbreviations

- Katie A. – refers to a settlement agreement by federal court.
- Wrap – Wraparound (the program) is an intensive individualized care planning and management process.
- MAT – Multidisciplinary Assessment Team. A process to access family needs upon detention with a mental health focus.
- FSP CHILD – a mental health services program funded by mental health services act
- FSP TAY – a mental health services program funded by mental health services act for Transitional Age Youth.
- MH – Mental Health
- TFC – Therapeutic Foster Care

Los Angeles County

The Los Angeles County Children’s MH System

- 78 Contracted Children’s Mental Health Providers
- Over 9400 Rendering Providers
- $575M in Children’s MH Contracts
- $120M in Katie A. Targeted Contracts (Wrap/MAT/TFC)
- Serve over 100K Individuals up to Age 21 Per Year

Los Angeles County Demographics, 2012*

Estimated General Population: 9,170,526
Child Population: 2,341,123
DCFS Cases: 17,055

* DCFS, Los Angeles County Department of Children and Family Services. Data retrieved from Needell et al., 2013; U.S. Census Bureau, 2013.
Who is Katie A.?

She was 4 years old when she was detained

She was 14 years old at the time the Lawsuit was filed in 2002

In Foster Care for 10 years

37 different placements

Although early assessments indicated that services were needed, she did not receive Trauma Treatment or Individualized Mental Health Services

Katie A. Settlement

In July 2002 a class-action lawsuit (Katie A. v. Bonita) was filed against the State and Los Angeles County alleging that children in the foster care system were not receiving the mental health services they were entitled to.

As a result of the Settlement Agreement the objectives are:

- Prompt receipt of MH services in home or home-like setting
- Provide care and services to prevent removal and to facilitate reunification with family
- Placement stability
- Trauma informed services
- Appointed an Expert Panel
Katie A. Class Members

Children and young adults who:

- Are in the custody of DCFS, or have been referred to or are subject to referral to DCFS
- Have a behavioral, emotional, or psychiatric impairment
- Are in need of individualized MH services
- Are Medi-Cal eligible

Katie A. SubClass Members

Children and youth who **must also be provided a set of intensive services** in addition to the services set forth and guided by the Core Practice Model (CPM).

Youth (up to 21 years of age) who
- Are full-scope Medi-Cal eligible;
- Have an open child welfare services case; and
- Meet the medical necessity criteria

Youth is currently in or being considered for:
- Wraparound, Therapeutic Foster Care (TFC) or other intensive service
  OR
- Group home (RCL 10 or above), a psychiatric hospital or 24 hour mental health treatment facility
  OR
- Has experienced **three or more** placements within 24 months due to behavioral health needs
## Los Angeles County

**Fiscal Year 2012-2013**

<table>
<thead>
<tr>
<th>Child Clients</th>
<th>DCFS Matched Clients</th>
<th>Class</th>
<th>Subclass</th>
<th>Wraparound*</th>
</tr>
</thead>
<tbody>
<tr>
<td>105,713</td>
<td>42,394</td>
<td>24,747</td>
<td>9,057</td>
<td>3,786</td>
</tr>
</tbody>
</table>

**Note:** This figure includes a cumulative number of all Wrap clients enrolled during FY 12-13; YTD (April 2014) count is 2988

## Summary of LA Settlement

- Closed McLaren Children’s Center
- Created DMH/DCFS Joint Management Structure
- Co-located DMH staff within DCFS offices
- Expanded Wraparound
- Mental Health Screening Tool
- Tracking Child Outcomes
- Developed the Core Practice Model
- Expert Panel

## A Shared

- **Core Practice Model**
“This is a shared vision of how we work with children and their families. The **Core Practice Model** is not only something we have to do but it is also the best thing to do”

~ Greg Lecklitner, LACDMH District Chief, Child Welfare Division

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**CPM: Key Practices and Activities**

- **Engagement:** Creating trustful working relationships with a child and their family
- **Teaming, Assessment and Understanding:** Collaboration with a family’s team to obtain information about their strengths and underlying needs
- **Planning and Intervention:** Tailoring plans to build on strengths and protective capacities in order to meet individual needs for each child and family
- **Tracking and Adapting:** Evaluating the effectiveness of the plan; adapting to challenges
**Core Practice Model**

- Long-term View: Shared and understood goals of safety, well-being and permanency outcomes, as well as, functional life goals for the child and family.

- Cultural Humility: Explores and embraces diversity; supports exploration of how one's own bias and assumptions may impact interactions.

- Trauma-Responsive Services: Recognizes that interventions and interactions with different County systems can cause traumatization & re-traumatization. Ensures that families receive trauma-response services.

**Shared Principles**

- **Wrap Principles**:
  - Family Voice & Choice
  - Team Based
  - Natural Supports
  - Collaboration
  - Community Based
  - Culturally Competent
  - Individualized
  - Strength Based
  - Persistence
  - Outcome Based

- **Shared Practice Model Principles**:
  - Safety
  - Stability & Permanence (in homes and in the community)
  - Needs Driven
  - Strength Based
  - Family Focused
  - Individualized
  - Collaboration
  - Family Voice & Choice
  - Informal & Formal Supports
  - Culturally Respectful
  - Community Based

**State’s Response**

**MEDICAL MANUAL**

*For Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) & Therapeutic Foster Care (TFC) for Katie A. Subclass Members*
Service Delivery

Core Practice Model

Intensive Care Coordination

Intensive Home Based Services

- Involves a facilitated and collaborative relationship among youth, family, and child-serving systems
- Services and supports are guided by the needs of the youth and family
- Develop and guide the planning and service delivery process

Child and Family Team (CFT)

- Involves a facilitated and collaborative relationship among youth, family, and child-serving systems
- Services and supports are guided by the needs of the youth and family
- Must be utilized using a Child Family Team (CFT):
  - to develop
  - guide the planning
  - and service delivery process
- Activities include:
  - Assessment of need
  - Service planning and implementation
  - Monitoring and adapting
  - Transition

Intensive Care Coordination (ICC)
Intensive Home Based Services (IHBS)

- Improving
- Supporting
- Educating

Interventions aimed at building skills for youth and improving the families ability to assist youth to successfully function in the home and community.

IMPLEMENTATION

Los Angeles County
ICC and IHBS Implementation Flowchart

May 2014 - July 2014
Implementation and Bridging the Gap

- Roundtables
- Learning Labs
- Community Outreach
- Practice Guide*

- Revised Contract Language
- Chart reviews
- Parent Surveys
- Coaching

*Guide Available upon request

The Clinical Loop

1. Assessment
2. Client Plan
3. Progress Note
Assessment
Components of the Biopsychosocial Assessment

- **Strengths** of the child and family
- **Child and family's stated needs and expectations** within the context of their culture
- **Writer’s perspective** of family needs
- **Stated needs** as it relates to **culture**
- **Disposition/Recommendations/Plan**

Integration of CPM into the Assessment

Client and mother are motivated for treatment. Both report that services and a supportive team approach will improve their relationship and client’s behavior. Mother is willing to participate in therapy and implement changes offered by clinician and parent partner. Mother is also willing to participate in a bilingual parent support group offered through the agency. Mother hopes that team will participate in candle lightings prior to starting team meetings to remove negativity from the home. Family will participate in family therapy sessions to understand the impact of abuse (trauma) on client and address the client’s underlying needs of safety, security and support. Child Family Team members will provide ICC services to monitor treatment process and facilitate coordination of care.

Client Treatment Plan

- Therapist will provide individual therapy 1x/week to challenge irrational beliefs that lead to feelings of anxiety and depression.
- Therapist will help client verbalize her feelings and creates a narrative around her traumatic experiences to diminish feelings of anxiety and anger.
- CFS will provide IHBS 2x/weekly to practice relaxation techniques to manage feelings of anxiety.
- CFS will instruct and reinforce active problem-solving skills and anger management skills in order to help client consider alternative solutions to anxiety-provoking situations.
- Therapist, Facilitator, CFS, and PP (CFT team) will provide ICC services 3x a week to identify potential environmental triggers to anger and discuss potential strengths that client can use to manage her anger.
Plan of Care (POC)

- A dynamic document that describes the family, the team, and the work to be undertaken to meet the youth and family's needs and achieve the family's long-term vision.
- Life domains:
  - Areas of daily activity that are critical to the healthy growth and development of a child and successful functioning of a family. Life domains include such areas as safety, school/work, health, social/fun, a place to live, legal issues, culture, behaviors, emotions, transportation, and finances.

ICC Progress Note Example

Child Family Team (CFT) members, including Susie's mentor, discussed Susie's level of participation and progress at the Boys and Girls Club for the past month. Susie reports that she liked the art activities, but that two girls are bullying her and calling her names so she does not want to go back. The Wrap Facilitator suggested strategies (e.g., xxx) to increase support at the B&G Club, to observe and coach Susie to respond to the girls and/or talk to an adult. Clinician suggested strategies (e.g., xxx) to improve Susie's assertiveness skills, thereby reducing her anxiety as a result of bullying. The Plans will be refined and reviewed in two weeks. Child Family Specialist (CFS) will coach Susie on Tuesday and Thursday for the next month prior to attending B&G Club.

ICC Progress Note Example

CFT members, including the Facilitator, CFS, Parent Partner (PP), Susie's parents, Susie grandparents, Susie and Susie's teacher, reviewed the client and family's gains and progress, along with their personal strengths and informal supports in order to better assist the client's transition away from formal mental health treatment supports. The CFT members identified the presence and effectiveness of their natural supports, which include Susie's church youth group, soccer team, and Boys and Girls Club leadership group. CFT members will continue to address ways of maximizing availability of community resources and activities in order to ensure long-term stability for Susie and family, and in this way addressing her mental health needs.
IHBS Progress Note

Example

CFS met with Cindy to discuss her recent angry outbursts at home. When Cindy started to talk about her recent argument with grandparents she became agitated and clenched her fists. CFS assisted Cindy in identifying physical responses to anger. CFS prompted Cindy to practice deep breathing techniques and she was able to calm herself down. CFS will continue to meet with Cindy to identify and evaluate progress and reinforce her anger management plan as part of her treatment for Oppositional Defiant Disorder. CFS will collaborate with CFT members to reinforce Cindy’s anger management plan and teach alternative ways to express her frustration.

IHBS Progress Note

CFS met with Cindy’s grandparents to identify situations and triggers at home that contribute to Cindy’s angry outbursts, a feature of her Oppositional Defiant Disorder. Grandparents report that Cindy has been throwing tantrums and kicking and punching her siblings. CFS assisted grandparents in identifying situations that lead to Cindy’s outbursts. CFS and grandparents discussed alternative ways to deal with her frustration such as talking to client in a firm and calm voice. CFS will continue to assist grandparents in practicing preventative interventions such as prompting client to take deep breathes in the event that Cindy becomes agitated in a situation. CFS will inform CFT members of recent events and encourage increased support for grandparents to support Cindy.

The only person who likes change is a wet baby

Unknown
The Challenges

Challenges to Implementation and Service Delivery

- Collaboration with Partner agencies
- Size of the County
- Consultation with Quality Assurance
- Shift in thinking

- Budget (0+0 = 0)
- Problems with Electronic Health Record System
- Billing Expectations

QUALITY SERVICE REVIEW (QSR)
A learning process to promote practice outcomes:
SAFETY - PERMANENCY - STABILITY - EMOTIONAL & BEHAVIORAL WELL-BEING

The Challenges
What’s Working

• Committed leadership
• Functional Medical Hubs
• Over 3000 kids were served in Wraparound last year
• Trained 34 Wraparound providers on CPM & new codes
• Continue to collaborate with fam./child serving systems to improve systems’ change
• The quality of medi-cal documentation has improved
• Improved assessment processes (ex. 9000 kids received a mh screening in FY 12-13)

• And we’re still standing

Questions?

- Katie A. Implementation website:
  - http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx
- CPM, ICC and HIBS FAQs:
- ICC and HIBS Manual:
- Core Practice Manual:

Questions?

Thank You!
“If nothing ever changed, there’d be no butterflies”

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ICC: Assessing Example

During the CFT, Johnny’s parents talked about the different triggers that were going on when he became so anxious he could not handle remaining in school, including someone bothering him or lots of noise in the classroom. The Wrap Facilitator and Parent Partner (PP) assisted Johnny’s parents and Johnny to identify specific situations that were going on when he seemed calm and more in control of his anxiety: Morning seems better than later in the day; fewer students in classroom; talking is better than touching when giving feedback. Facilitator will inform clinician of recent school events. PP will reinforce Parents’ plan to utilize appropriate communication skills (e.g., xxx) with Johnny to minimize triggers to anxiety. The CFT members will evaluate progress at the next CFT meeting.

ICC: Service Planning & Implementation Example

Wrap Facilitator, CFS, Johnny, Johnny’s parents, Johnny’s uncle, and the child welfare worker and the teacher’s aide discussed potential strengths and utilization of positive coping strategies (e.g. xxx) that Johnny can use to manage his anxiety when he is feeling stressed and frustrated by his school work……..

……All present agreed that the CFS will work with the teacher’s aide to develop a list of coping strategies that Johnny can use when he is becoming agitated. The teacher’s aide will track the number of times that he notices Johnny is agitated and how many of those times that
Johnny can use his strategies to calm down. The CFT members will evaluate progress at the next CFT meeting.

**ICC: Monitoring and Adapting Example**

CFT members, including Susie’s mentor, discussed Susie’s level of participation and progress at the Boys and Girls Club for the past month. Susie reports that she liked the art activities, but that two girls are bullying her and calling her names so she does not want to go back. The Wrap Facilitator suggested strategies (e.g., xxx) to increase support at the B&G Club, to observe and coach Susie to respond to the girls and/or talk to an adult. Clinician suggested strategies (e.g., xxx) to improve Susie’s assertiveness skills, thereby reducing her anxiety as a result of bullying. The Plans will be refined and reviewed in two weeks. CFS will coach Susie on Tuesday and Thursday for the next month prior to attending B&G Club.

**ICC: Transition Example**

CFT members, including the Facilitator, CFS, Parent Partner, Susie’s parents, Susie grandparents, Susie and Susie’s teacher, reviewed the client and family’s gains and progress, along with their personal strengths and informal supports in order to better assist the client’s transition away from formal mental health treatment supports. The CFT members identified the presence and effectiveness of their natural
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**IHBS**

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**IHBS**

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IHBS
Parent Partner (PP) met with Cindy’s grandparents to role play situations at home that contribute to Cindy’s angry outbursts. PP addressed grandparents communication skills and discussed the importance of consistency in dealing with Cindy’s outbursts. PP will assist grandparents in developing a token economy plan (e.g., xxx) to support and reinforce appropriate behavior and social interactions with Cindy and thereby addressing her treatment goal to reduce aggressive acting out behavior. PP will evaluate progress at the next CFT meeting.