

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

This document constitutes the State Defendants’ Service Delivery Action Plan that is required by the *Katie A.* Court Order dated December 3, 2013 (Doc. 877), and is intended to be responsive to the Special Master’s Amended Recommendation 1, filed as Exhibit A to the Special Master’s Status Report, filed January 15, 2014 (Doc 878). In consultation with Plaintiffs’ counsel, the State departments developed, and posted on their respective websites, this plan to address the actions the State will take to ensure that subclass members in the 56 Mental Health Plans (MHPs) will receive Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS), when medically necessary. The components of this Service Delivery Action Plan are intended to function as an integrated whole and should not be read in isolation. This plan does not replace the State’s Court Approved Implementation Plan (Doc Nos. 819-1 and 828-1), but rather supplements Phase II of the Implementation Plan, Section IV (“Service Delivery and Rollout”). In addition to the development of this Service Delivery Action Plan, other implementation activities are well underway. For example, 37 counties are currently providing services and submitting claims and another four counties have been providing services but have yet to submit claims. DHCS is on track to submit a State Plan Amendment (SPA) by March 31, 2014 to implement Therapeutic Foster Care (TFC) services once federally approved as a Medi-Cal service. Training and technical assistance efforts are ongoing. There will be a statewide conference held on June 4 – 6, 2014, entitled “Partnerships for Well-Being” that will focus on Katie A activities.

Reco #	Actions	Targeted Approach	Timeline
1.1	<p>Actions the State departments will take to further instruct counties to identify and count subclass members, provide them ICC, assess their needs for IHBS, and provide them with IHBS, when medically necessary.</p> <p>Objective: Ensure consistent identification of potential subclass members.</p>	<p>The State will:</p> <ul style="list-style-type: none"> A. Analyze Semi-Annual Progress Report estimates against state estimate of potential subclass size. B. Revise the Semi-Annual Progress Report template to clarify instructions for reporting the process of calculating projections of subclass members receiving ICC and IHBS. C. Provide as part of the instructions to the template and/or in policy directives such as All County Letters (ACLs) or Mental Health Services Division Information Notices (MHSD INs), a methodology for identifying potential subclass members that will be reported in the counties progress reports. Counties may use an alternative methodology but must describe their methodology in their reports 	<p>(A) February 28, 2014 (completed)</p> <p>(B) March 14, 2014</p> <p>(C) March 14, 2014</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

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		<p>and must demonstrate that its results are consistent with the State’s results had the State’s methodology been used.</p> <p>D. Revise the template to reflect the difference between the estimated total number of subclass members in the county and the projected total number of subclass members served at a given point in time.</p> <p>E. (a) Provide instructions to counties as to the State’s expectations to provide ICC and IHBS to subclass members by:</p> <ol style="list-style-type: none"> 1) Review what action steps and timelines the county has proposed in its progress report to provide ICC and IHBS to the subclass. Request from any counties who have not provided information on a specific time frame to do so and take follow-up action to ensure this occurs, with time frames, including corrective action steps or other mechanisms available to the Departments. 2) Determine if each county’s action steps and timelines are appropriate for implementation. To the extent a county’s action and timelines will not result in timely provision of ICC and IHBS as medically necessary, provide additional targeted technical assistance (TA) and require the county to address these concerns through quality assurance tools, corrective action or other mechanisms (e.g., TA, site visits, PIPS (Performance Improvement Plans) and SIPS 	<p style="text-align: center;">(D) March 14, 2014</p> <p style="text-align: center;">(E) Ongoing</p> <p style="text-align: center;">(E)(a)(1) June 1, 2014 and ongoing</p> <p style="text-align: center;">(E)(a)(2) June 1, 2014</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

Reco #	Actions	Targeted Approach	Timeline
		<p>(System Improvement Plans) Taking into consideration local factors and needs.</p> <p>(b) Remind the counties of their legal obligations (referencing ACL from Sept. 2013) and inform counties that that state will be taking actions to monitor rollout and provision of these services based on information in the progress reports and the state’s own data or other information.</p> <p>F. Share any promising practices and materials created by counties regarding confidentiality, information sharing, and subclass identification processes.</p> <p>G. Identify any potential barriers occurring in the Learning Collaborative counties and disseminate processes counties have used to ameliorate this issue.</p> <p>H. Post on each department’s website the county semi-annual progress reports and State analysis summary.</p> <p>I. Host a Webinar to provide counties with guidance around the process for screening, referral, assessment and provision of ICC and IHBS and disseminate promising practices of counties currently implementing services.</p> <p>J. Conduct regional trainings (36 are currently planned for Jan – June 2014) to provide instructions, guidance and best practices on the provision of ICC and IHBS within the Core Practice Model (CPM).</p>	<p>(E)(b) March 14, 2014</p> <p>(F) In progress and ongoing</p> <p>(G) August 20, 21014</p> <p>(H) March 28, 2014 for October 2013 reports</p> <p>(I) April 9, 2014</p> <p>(J) In progress</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

Reco #	Actions	Targeted Approach	Timeline
		<p>K. Update Frequently Asked Questions (FAQs) to include information on providing ICC and IHBS to subclass members.</p> <p>General</p> <p>L. Provide solution focused TA to better understand the specific barrier(s) counties are experiencing as necessary.</p> <p>M. Connect the counties that are experiencing challenges with a comparable peer county for solutions and/or to provide examples.</p> <p>N. Create a compendium of existing tools and resources for counties to utilize.</p> <p>O. California Social Work Education Center (CalSWEC), Regional Training Academies (RTAs), Resource Center for Family Focused Practice (RCFFP), California Institute of Mental Health (CiMH) and the Chadwick Center for Children and Families will provide regional and/or training and TA.</p>	<p>(K) April 15, 2014</p> <p>(L) In progress</p> <p>(M) Ongoing as needed</p> <p>(N) May 1, 2014 and ongoing</p> <p>(O) In progress</p>
1.2	<p>Actions to transition subclass members who are currently receiving intensive mental health services through a Wraparound program or a Full Service Partnership Program that provides a child and family team, into ICC and IHBS.</p>	<p>The State will:</p> <p>A. Provide guidance to the counties as to how they are to appropriately provide and bill to ICC and IHBS services currently provided through Wraparound or Full Service Partnership programs which have the components and/or meet the requirements of ICC and IHBS within the CPM framework.</p> <p>B. Provide guidance to counties as to how to appropriately assess/re-assess subclass member children within the CPM framework who may be receiving “less intensive” mental</p>	<p>(A) April 30, 2014</p> <p>(B) April 30, 2014</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

Reco #	Actions	Targeted Approach	Timeline
	<p>Objective: Ensure consistency regarding the transition of services (such as Wraparound, FSP, and SMHS services) to ICC and IHBS within a CPM framework.</p>	<p>health services through Wraparound, or Full Service Partnership programs, to ensure they receive ICC and IHBS within the CPM when medically necessary and taking into account the family's and/or beneficiary's voice and choice.</p> <p>C. Provide additional guidance through conference calls, written instruction, FAQs and/or Webinars on Medi-Cal billing for providers and counties to assist in the transition of services to ICC and IHBS within the CPM framework from other Specialty Mental Health Services (SMHS) billing codes and from Wraparound or Full Service Partnership programs when appropriate to ensure that services are provided and claimed appropriately. This includes clarifying that all components of ICC and IHBS must be present in order to bill such services (for example, if a provider/county is providing IHBS in a Wraparound or Full Service Partnership Program but there is no Child and Family Team or team meetings, those services cannot be billed as ICC unless those components are added to the service).</p> <p>D. Disseminate information on best practices via Webinars, county letters, regional and/or individual county TA and through the Learning Collaborative efforts.</p>	<p>(C) In progress</p> <p>(D) June 1, 2014</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

Reco #	Actions	Targeted Approach	Timeline
1.3	<p>Actions the State departments will take to review and determine the adequacy of the counties' semi-annual progress reports, including standards or criteria the departments will apply in evaluating the adequacy of counties' actions to identify and count sub-class members and provide them with ICC and with IHBS, as medically necessary.</p> <p>Objective: Assist the counties in producing progress reports that accurately reflect the status of Katie A implementation including identification of subclass, projected need, and current capacity.</p>	<p>The State will:</p> <ul style="list-style-type: none"> A. Establish a process to run data for a proxy class estimate and compare proxy class data to county estimates. Share discrepancies with counties if necessary. Contact counties on an individual basis to address inconsistencies, questions or concerns. Request follow-up actions by county as needed. B. Analyze counties' Semi-Annual Progress Reports with previously submitted reports, as well as the Service Delivery Plan and Readiness Assessment to determine the level of progress achieved towards implementation. Determine the adequacy of county efforts, including: <ul style="list-style-type: none"> i. Whether all of the questions in the reports and plans are adequately answered and requested data are provided. ii. Whether the county subclass estimate is within 25% of the state proxy estimate. iii. Whether the county has identified children/youth who have been screened by child welfare and are in the process of receiving a mental health assessment. iv. Whether the county has identified subclass members receiving ICC and/or IHBS. 	<p>(A) October 30, 2014 for October progress reports</p> <p>(B) June 13, 2014 and ongoing</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

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		<ul style="list-style-type: none"> v. Whether the county has identified children who may/will need ICC/IHBS but are not receiving them (the “service gap”). If so, why? vi. Whether the county has a plan for increasing service capacity in the provider community sufficient to meet the known and potential demand for ICC and IHBS. vii. Whether the county child welfare and mental health agencies have a policy and practice regarding how to collaborate when serving subclass members. viii. If the county has a method for analyzing local data on service delivery. C. Determine if the counties action steps and timelines are appropriate for implementation. To the extent a county’s action and timelines will not result in timely provision of ICC and IHBS as medically necessary, provide additional targeted TA and require the county address these concerns through quality assurance tools, corrective action or other mechanisms (e.g., TA, site visits, PIPS and SIPS) taking into consideration local factors and needs. D. Post semiannual progress reports within 60 days of receipt. E. Continue to share information regarding implementation activities with Plaintiffs’ counsel and the Special Master. 	<p>(C) In progress and ongoing</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

Reco #	Actions	Targeted Approach	Timeline
1.4	<p>Actions the State departments will take to ensure the data provided by the counties are accurate, consistent and reliable.</p> <p>Objective: Strengthen counties' ability to collect and provide data.</p>	<p>The State will:</p> <ul style="list-style-type: none"> A. Issue guidance as described in section 1.1 B-D. B. Identify and provide promising practices related to data and information sharing (including legal rationales) and make available to all counties (via the individual county TA process, webinars and/or All County Information Notices (ACINs)). C. Compare state produced proxy class estimate to county estimates of subclass and share discrepancies with counties. Contact counties on an individual basis to address any inconsistencies, questions or concerns that arise from data submitted by a county. Request follow-up actions by county as needed. D. Compare the number of subclass members reported by counties to be receiving ICC/IHBS with claims billed to the Short Doyle/Medi-Cal Phase 2 (SD2) claiming system. E. Match data (see reco 1.7) and verify with random samples from case reviews. 	<ul style="list-style-type: none"> (A) March 14, 2014 (B) In progress (C) May 2014 and ongoing (D) Within 45 days of execution of the DHCS/CDSS data sharing agreement referenced in 1.5(B) (E) Within 30 days of completion of tool described in 1.7(F)

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

Reco #	Actions	Targeted Approach	Timeline
1.5	<p>Actions the State departments will take to monitor the counties' progress in providing ICC and IHBS to subclass members, as medically necessary.</p> <p>Objective: Evaluate county progress on service delivery through the use of quantitative data and qualitative processes.</p>	<p>The State will:</p> <ul style="list-style-type: none"> A. Utilize the data obtained through the progress reports and follow the steps identified in 1.1. B. Upon execution of a Memorandum of Understanding (MOU) between the departments, use DHCS and DSS data matches to analyze needs and use of services, and Child Welfare Services (CWS) outcomes to assess progress. Analysis will be done by county, region. CWS outcomes analysis will consider age, ethnicity, placement type and service array. C. Use Performance Outcome Systems (POS) to identify clinical progress (when the functional assessments become available). D. Identify the number of Child Welfare and Mental Health staff trained and in training on the CPM. Special emphasis will be given to supervisors as they are critical to support transfer of learning. E. Utilize the External Quality Review Organization (EQRO) process to monitor and evaluate progress at the practice and system levels by incorporating Katie A. focused questions and discussions consistent with ACO and POS recommendations once completed, into the on-site interview process. Areas of focus include shared management, stakeholder process, child and family teams, identification of the subclass, 	<p style="text-align: center;">(A) Ongoing</p> <p style="text-align: center;">(B) October 31, 2014 and ongoing</p> <p style="text-align: center;">(D) October 31, 2014</p> <p style="text-align: center;">(E) In progress and ongoing</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

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		<p>provision and claiming of ICC and IHBS, and CPM training. These areas are also tailored to each county based on where they are in implementation of services. The State will use this information to identify areas where additional or targeted follow-up is needed.</p> <p>F. Utilize the California Child and Family Services Review (C-CFSR) process and modify the case reviews to evaluate and monitor long term implementation of services and fidelity to the CPM. Counties will be encouraged to use the stakeholder process to examine the community and consumer perspectives of services to the subclass.</p> <p>G. Specific performance outcome and quality assurance measures will be developed by the Joint Management Task Force/ Accountability Communication and Oversight (JMT/ACO) in collaboration with the POS workgroup and used by the counties.</p> <p>H. The State will remind counties that all subclass members are required to receive ICC services. IHBS services should be provided to subclass members when medically necessary. In addition, subclass members should also receive other specialty mental health services as medically necessary.</p> <p>I. Continue to share information regarding implementation activities with Plaintiffs' counsel and the Special Master.</p>	<p>(F) In progress and ongoing.</p> <p>(G) In progress and ongoing</p> <p>(H) May 1, 2014</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

Reco #	Actions	Targeted Approach	Timeline
1.6	<p>Actions the State departments will take to improve the performance of those counties that are not making sufficient progress in providing ICC and IHBS to subclass members, as medically necessary.</p> <p>Objective: To clarify performance and progress expectations to support county success in the delivery of services.</p>	<p>The State will:</p> <ul style="list-style-type: none"> A. Provide instructions to counties as to the State’s expectations to provide ICC and IHBS to subclass members by: <ol style="list-style-type: none"> 1) Review what action steps and timelines the county has proposed in its progress report to provide ICC and IHBS to the subclass. Request from any counties who have not provided information on a specific time frame to do so and take follow-up action to ensure this occurs, with time frames, including corrective action steps or other mechanisms available to the Departments. 2) Determine if the counties action steps and timelines are appropriate for implementation. To the extent a county’s action and timelines will not result in timely provision of ICC and IHBS as medically necessary, provide additional targeted technical assistance and require the county address these concerns through quality assurance tools, corrective action or other mechanisms (e.g., technical assistance, site visits, PIPS and SIPS) taking into consideration local factors and needs. 3) These processes will similarly be applied as needed to implement each section of this service delivery action plan. B. Remind counties via policy directives such as ACLs/MHSD Ins of their legal obligations (referencing ACL from Sept. 2013) and inform 	<p>(A) Ongoing as needed</p> <p>(B) May 1, 2014</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

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		<p>counties about the state’s expectations and actions that the state will be taking to monitor rollout and provision of these services based on information in the progress reports and the state’s own data or other information.</p> <p>C. Using data from the SD2 claiming system, determine whether the 12 counties with the largest CWS/foster care caseload are likely to serve the number of children projected to receive services in the counties’ semi-annual progress reports.</p> <p>D. Use the departments’ existing oversight practices and technical assistance process, prioritize assisting these counties in meeting their projected service delivery estimates. Activities may include, but are not limited to: on-site visits, trainings and teleconferences with various county child welfare and mental health staff and providers.</p> <p>E. Continue to work with remaining counties to determine the level of support needed to adequately address challenges and barriers.</p> <p>F. Utilize the Learning Collaborative work to identify and compile references or documents of successful strategies to share statewide.</p> <p>G. Develop FAQs and begin the process of updating the CPM and Medi-Cal documentation manuals as needed, to provide additional guidance and assistance</p>	<p>(C) June 1, 2014 and ongoing</p> <p>(D) June 1, 2014 and ongoing</p> <p>(E) June 1, 2014 and ongoing</p> <p>(F) In progress and ongoing</p> <p>(G) In progress</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

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		<p>on areas requiring additional clarification.</p> <p>H. Identify county MOUs, policies and procedures, interagency agreements, etc. that have been established to guide collaboration, communication and sustainability particularly between child welfare and mental health agencies. Make these available to counties as part of the TA process.</p> <p>I. In order to assess the utility of ICC and IHBS, absent functional assessment data (which will be available upon the completion of the ACO and/or POS process), the State will rely on an analysis of traditional child welfare outcomes as a proxy for a wellbeing measure (e.g. one would expect to see subclass members stepped down from congregate care to family-based care; improved placement stability; reduced reentry post reunification; increased sibling placements).</p> <p>J. Consider employing other incentives including recommendations made by the CPM Fiscal Task Force, to increase access in low performing counties.</p>	<p>(H) In progress and ongoing</p> <p>(I) September 1, 2014</p>
1.7	<p>Actions the State departments will take to complete development of outcomes and accountability measures and quality control systems consistent with the Core Practice Model.</p>	<p>The State will:</p> <p>A. Develop and implement quality measures and processes as described in 1.5</p> <p>B. Incorporate review by DHCS and CDSS of recommendations into the ACO/JMT recommendations process, and within no later than 160 days but sooner if possible,</p>	<p>Q3 2014 and Ongoing</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

Reco #	Actions	Targeted Approach	Timeline
	<p>Objective: Develop a permanent process to ensure continuous quality improvement in Katie A services.</p>	<p>establish action items to be completed consistent with the Settlement Agreement and Implementation Plan.</p> <p>C. Implement action items established in B above, as necessary to track the provision, quality and outcome of services provided to subclass members.</p> <p>D. Complete the work of the Accountability, Communications and Oversight (ACO) Task Force and implement recommendations as necessary to track the provision, quality and outcome of services provided to subclass members.</p> <p>E. Memorialize the state shared management structure and processes in a document between DHCS and CDSS. Make document available to local agencies for use as they deem appropriate for developing their own shared management structure.</p> <p>F. Conduct data matches from the CWS/CMS, SD2, and Pharmacy databases to analyze service utilization and the use of psychotropic medications in the subclass. These factors will be analyzed with respect to the aforementioned child welfare outcomes.</p> <p>i. Match children and youth in foster care with data regarding the utilization of all specialty MH services, ICC, and IHBS (and TFC when implemented) and psychotropic medication.</p> <p>ii. Analyze MH services, mental health</p>	<p style="text-align: center;">(E) Q4 2014</p> <p>(F) Data matches and analysis will occur every 6 months starting 45 days after the execution of the DHCS/CDSS data sharing agreement referenced in 1.5(B)</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

Reco #	Actions	Targeted Approach	Timeline
		<p>needs including diagnoses, psychotropic medication utilization by race, gender, type of placement, length of time in out of home care, and other traditional CWS outcome measures.</p> <p>iii. Analyze by county, region, and county size.</p> <p>iv. Match any other specific performance outcome measures as developed by the ACO and POS.</p> <p>G. Post county level descriptive statistics and update after each data match.</p> <p>H. DHCS will post monthly claiming reports using SD2 approved claims information to display client counts and service totals for the specialty mental health services provided to subclass members, including ICC, IHBS, and, once approved, TFC.</p> <p>Enhance/Coordinate C-CFSR/EQRO processes</p> <p>I. Revise the C-CFSR case review tool to identify and assess for CPM implementation and fidelity. Instruct counties who have failed to implement or who have considerable problems implementing the CPM to address in their System Improvement Plans as part of continuous quality improvement.</p> <p>J. Encourage MHPs to conduct a PIP to focus on Katie A implementation (assess capacity issues, CPM implementation and service utilization, and look at quality and outcome measures).</p>	<p>(H) Beginning March 2014</p> <p>(I) Revision of case review tool in progress, due October 2014</p> <p>(J) As needed</p>

Katie A. et al. v. Diana Bontá et al. Service Delivery Action Plan

Reco #	Actions	Targeted Approach	Timeline
		<p>K. Initially encourage counties, and later modify the C-CFSR guide, to focus on mental health services to youth in foster care (ICC, IHBS, TFC). Initiate discussions as guided by JMT recommendations about coordinating External Quality Review Organization (EQRO) and C-CFSR activities with an emphasis on specialty mental health services including ICC/IHBS for foster youth. Use qualitative techniques such as focus groups or surveys to assess whether consumers are aware of services and determine the quality of care.</p> <p>L. Leverage POS project by incorporating data elements related to Katie A.; specifically integrate the functional assessment information/data at the individual level into the data match process and methodology.</p> <p>M. Consider the following and identify the need for statutory and/ or regulatory changes:</p> <ul style="list-style-type: none"> i. Implementing a Statewide PIP over a three-year period; ii. The EQRO site visit could include review of the Statewide PIP; iii. Allow CDSS to have the option to reduce other C-CFSR and SIP requirements for counties that may be duplicated in the mental health PIP or in county-adopted equivalent CFSR measures and activities; <p>N. Convene an implementation advisory group or consider similar recommendations from the JMT.</p>	