Quality and Productivity Commission

28th Annual Productivity and Quality Awards Program

"Los Angeles County: Ahead of the Curve"

2014 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: INTENSIVE FIELD CAPABLE CLINICAL SERVICES (IFCCS)

DATE OF IMPLEMENTATION/ADOPTION: JUNE 1, 2013
(Must have been implemented at least one year - on or before June 30, 2013)

PROJECT STATUS: X Ongoing _____ One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes X No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. Summarize the problem, solution, and benefits of the project in a clear and direct manner.

The IFCCS was developed as phase one of the implementation of services called Intensive Care Coordination and Intensive Home Based Services here in Los Angeles County. The goal of this program is to provide intensive targeted case management and individual rehabilitative services to children and youth who are involved with the Department of Children and Family Services (DCFS) and have difficulty remaining stable in their placements due to mental health and behavioral needs. The program serves children and youth who are identified as the two Departments' most frequent and highest utilizers of child welfare and mental health services. The intention of this program is to provide a rapid, 24-hour face-to-face intervention, form a Child and Family Team, provide home-based rehabilitative services, while identifying the underlying needs that might be driving the behavior leading to placement disruptions. In addition, the service providers follow the children and youth wherever they are placed throughout LA County. The program has proven to be successful in decreasing the utilization and service costs associated with crisis intervention responses.

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
$	$1,022,064	$	$ 1,022,064	☐

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS	TELEPHONE NUMBER
Department of Mental Health – Child Welfare Division 600 S. Commonwealth Ave. 6th Fl. Los Angeles, Ca. 90005	(213) 739-5473
PROGRAM MANAGER'S NAME Angela Shields, PhD	TELEPHONE NUMBER (213) 739-5475 EMAIL ashields@dmh.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213)893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) DATE KUMAR MENON, MSPA Kumar Menon 7/8/14	TELEPHONE NUMBER 213-738-4258 EMAIL kmenon@dmh.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE DATE MARVIN SOUTHARD, DSW 7-8-14	TELEPHONE NUMBER 213-738-4601

We Support Plain Language

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):
NAME OF PROJECT: INTENSIVE FIELD CAPABLE CLINICAL SERVICES (IFCCS)

1st FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project.

Challenge: The Department of Mental Health and the Department of Children and Family Services have noted that there are a significant number of children and youth who are at an increased risk of placement disruptions due to their mental health and behavioral needs. Many of them are the most frequent and highest utilizers of various county services. However, their placement instability made it difficult to link them to the appropriate mental health services. At the same time, the State of California reached a settlement agreement as a result of the Katie A. Lawsuit and began implementing an array of services for children and youth who meet the definition of sub-class membership and demonstrate a need for more intensive mental health services. These services, Intensive Care Coordination and Intensive Home Based Services, are based on the Core Practice Model and utilize a Child and Family Team approach to assess underlying needs while identifying various resources to help meet those needs. As LA County moved forward with its implementation of these services, it became clear that they would most benefit the children and youth who were being served at various "hot spot" locations. These "hot spots" were identified as psychiatric hospitals, children and youth who were awaiting placement at the DCFS Emergency Response Command Post (now the Children's Welcome Center and the Youth Welcome Center), those who were accessing services at the 23-hour Urgent Care Center, and those who had contact with the Psychiatric Mobile Response Team without necessarily being placed on a psychiatric hold. Data analysis revealed that a significant amount of County dollars were spent on crisis response (including intervention and stabilization) for these children and youth. They often had multiple contacts with the "hot spots", suggesting that the services provided to them did not meet their mental health needs and contributed to their chronic instability. Another challenge was that many of the existing mental health programs are service area or regionally-based, and a placement had to be identified before services could begin. Because the children and youth identified at the "hot spots" were viewed as "transitional" cases, it was either difficult to link them to mental health services or keep them in mental health services as service providers were unable to follow them to other regions in the County. Uncovering these gaps in both service capacity and accessibility, as well as concerns about the adequacy of mental health services, determined the development of the IFCCS project as the first phase of the County's implementation of new services to some of the most challenging and needy children and youth.

Solution: Once the population to be served and the gaps in available services were identified, the next steps revolved around developing an implementation strategy that met the terms of the State Settlement Agreement, without merely duplicating services that were being provided in existing programs.

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The intent was to design a program that could have a strategic and meaningful impact on the community and the population it served. Its development began simply by noting the strengths and weaknesses of existing intensive programs available for DCFS-involved children and youth, and tailoring a model that would maximize what was working well and taking steps to minimize known barriers. In this instance, the implementation of Intensive Care Coordination and Intensive Home Based Services through a Child and Family Team approach overlapped with the core philosophies inherent in the existing Wraparound model. However the program had to address the barriers to using Wraparound services, which included the youth needing to have an identified placement, the DCFS Children's Social Workers needing to generate the referrals, and the inability of providers to follow the youth when they were moved out of the providers' Service Areas. To address these barriers, the program would involve service providers who not only had experience implementing a Wraparound model and other Intensive In-Home Mental Health service programs, but also a demonstrated capacity to provide these services throughout LA County. Staff at any one of the "hot spot" locations could directly generate referrals and the service providers would then make face-to-face contact with the referred children and youth within 24 hours. Also, the services would be made available any time there was a need 24-hours a day, 7 days a week. The goal of the initial contact would be to establish a relationship with the children and youth while helping to bring various members of the Child and Family Team together so that they could successfully outline underlying needs, identify resources, and put a comprehensive mental health and child welfare plan into place. By successfully unpacking the underlying needs driving problematic behaviors, the Team could seek to prevent placement disruptions and stabilize the children and youth.

Benefits: Since it began operation, the IFCCS has not only filled gaps in existing intensive service programs, but also received positive feedback from the youth, the families, the referring parties, and the Katie A. Expert Advisory Panel. The use of Intensive Care Coordination and Intensive Home Based services has significantly decreased the service providers' reliance on crisis stabilization and intervention services and has shown positive trends for at least six months post disenrollment. There has also been a significant reduction in the total costs of all mental health services provided after youth receive IFCCS services. The Child and Family Team approach empowers the youth and families, the mental health service providers, and DCFS Children's Social Workers to share information effectively while informing their respective case and treatment plans. Ultimately, this program has filled an important service gap for some of the hardest to serve children and youth and has saved the County money in the process.

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DCFS has also found the IFCCS program to be a useful intervention to help address concerns related to children and youth staying beyond the designated 23 hours at the Emergency Response Command Post, including the newly opened Children's Welcome Center and the Youth Welcome Center. One of the stated reasons for these overstays is scarcity of foster families, and when children and youth have higher needs, it becomes even more difficult to find caregivers willing to accept these more challenging youth into their homes. Linking these children and youth to IFCCS services increases the amount of support that is available to foster parents, thereby increasing their likelihood of accepting these children and youth for placement. DCFS has contracted with a number of Emergency Shelter Care facilities, both through Foster Family Agencies and through state-licensed congregate care facilities. DCFS has been able to successfully link children and youth in these 14-day or 30-day shelters to the IFCCS, and when placements are eventually identified, the service providers are able to follow the children and youth to their new placements without any disruption to their mental health services.

LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS): The IFCCS Program incorporates many of the County's values as outlined in its Strategic Plan. Specifically, the values of teamwork and collaboration between the Department of Mental Health and the Department of Children and Family Services have helped facilitate the successful development and implementation of the IFCCS. It also required a positive, "can-do" attitude to expedite the program's scope of work and solicitation process. In addition, the services themselves have required a customer orientation through the child and family team driven process. The incorporation of a 24-hour accessibility and response to referrals is also in line with the County's value of Responsiveness. Through the interagency collaboration, we are able to hold each other accountable for the commitments that we make to each other and the children and families that we serve.

The IFCCS is also consistent with all three general goals described in the Strategic Plan. With regard to Operational Effectiveness, the IFCCS program has been able to streamline processes that had been deemed problematic or barriers to mental health services. The IFCCS also demonstrates fiscal sustainability as there is a noted decrease in the utilization and cost of crisis-related services. Finally, the Child and Family Team approach, which is critical to the IFCCS, is aimed at improving client outcomes by bringing systems, community partners, and natural supports together to provide appropriate resources to meet the needs of children and families.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): If you are claiming cost benefits, include a calculation on this page. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation.

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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$	**$ 1,022,064**	**$**	**$ 1,022,064**	☐

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Data analysis reflects a marked decrease in the overall costs associated with all specialty mental health services provided to children and youth who have been enrolled in the IFCCS program. Six months before enrollment, total costs were $1,795,313; during enrollment, costs increased to $2,944,080; and six months after enrollment costs for mental health services decreased to only $773,249. The total cost savings for all specialty mental health services being provided to children who have had the benefit of the IFCCS is $1,022,064 or approximately $10,042 per child/youth. A significant portion of the total mental health services provided was for crisis intervention and crisis stabilization. The data indicates that there was a significant decrease in the utilization of high-cost crisis intervention and stabilization services for children and youth who have been enrolled in the IFCCS program. The total cost for these services six months prior to their enrollment in the program was approximately $385,256; the cost decreased to $146,787during their IFCCS enrollment; and further dropped to $17,984 just six months after enrollment. This represents an annual cost savings of $367,272 or about $3,100 per child/youth served on crisis intervention and stabilization service activities alone.

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FOR COLLABORATING DEPARTMENTS ONLY

(For single department submissions, do not include this page)

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS **DEPARTMENT OF CHILDREN AND FAMILY SERVICES** **425 SHATTO PLACE, LOS ANGELES, CA 90020**	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE **TRICIA J. DENSON**	**DEPARTMENT HEAD'S NAME AND SIGNATURE** **PHILIP L. BROWNING**
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	**DEPARTMENT HEAD'S NAME AND SIGNATURE**
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	**DEPARTMENT HEAD'S NAME AND SIGNATURE**
DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE	**DEPARTMENT HEAD'S NAME AND SIGNATURE**