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9 UNITED STATES DISTRICT COURT
 10 CENTRAL DISTRICT OF CALIFORNIA
 11 WESTERN DIVISION
 12
 13

14 **KATIE A., et al.,**
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 Plaintiffs,
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 v.
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TOBY DOUGLAS, Director of the
 18 California Department of Health Care
 Services; et al.,
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 Defendants.
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Case No. 2:02-cv-05662 JAK (SHx)
**STATE DEFENDANTS’
 RESPONSE TO SPECIAL
 MASTER’S NOVEMBER 20, 2014
 REPORT**
 Date: November 24, 2014
 Time: 3:00 p.m.
 Crtrm: 750
 Judge: Honorable John A. Kronstadt

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 22 Pursuant to the Court’s October 16, 2014, Order (ECF No. 918), State
 23 Defendants, Toby Douglas, Director of the California Department of Health Care
 24 Services (DHCS), and Will Lightbourne, Director of the California Department of
 25 Social Services (CDSS) (State Defendants) submit this response to the Special
 26 Master’s November 20, 2014, status report. The purpose of this response is to
 27 inform the Court as to the manner and extent of the post-jurisdiction collaboration
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1 State Defendants anticipate will occur between the State Defendants, Plaintiffs'
2 Counsel, counties, associations, and advocates regarding ongoing implementation
3 of Katie A. activities.

4 As discussed at the October 16, 2014, Status Conference, the State has firmly
5 established processes for stakeholder engagement that are by design and necessity,
6 very robust. Indeed, neither DHCS nor CDSS, which oversees county
7 administration of federal entitlement programs to needy and vulnerable populations,
8 could effectively function without the input and perspective of the clients they
9 serve, the agencies that provide the services, or the advocate community.

10 In order to facilitate the level of collaboration needed to develop policies and
11 monitor administration of their respective programs, both DHCS and CDSS host or
12 participate in standing meetings with stakeholders on a variety of issues.
13 Implementation of the Katie A. settlement agreement is consistently a topic of
14 conversation at these meetings and has become imbedded in this process. It is
15 through these meetings and other ongoing conversations that collaboration with
16 county agencies and stakeholders regarding Katie A. implementation will continue
17 post jurisdiction.

18 For example, at DHCS, these meetings include:

- 19 1. Weekly County Behavioral Health Directors Association (CBHDA)
20 Executive Medi- Cal Policy Call with Mental Health Plans (MHPs) and DHCS.
21 Katie A. is always on the agenda.
- 22 2. Monthly CBHDA Medi-Cal Policy Committee meeting with MHPs and
23 DHCS. Katie A. is always on the agenda.
- 24 3. Monthly CBHDA All Directors meeting with MHPs and DHCS. Katie A.
25 is always on the agenda.
- 26 4. Monthly CBHDA Children's System of Care meeting with MHPs, DHCS
27 and CDSS. Katie A. is always on the agenda.

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1 5. Monthly CBHDA Interagency Executive Committee meeting with MHPs
2 and DHCS. Katie A. is always on the agenda.

3 6. Monthly CBHDA Financial Services Committee meeting with MHPs,
4 California Institute for Behavioral Health Solutions (CIBHS), California Mental
5 Health Services Authority (CalMHSA) and DHCS. Katie A. is always on the
6 agenda.

7 7. Monthly CBHDA Information Technology Committee meeting with
8 MHPs, CIBHS, CalMHSA and DHCS. Katie A. is always on the agenda.

9 8. Monthly CBHDA Small Counties Committee meeting with MHPs,
10 CIBHS, CalMHSA and DHCS. Katie A. is always on the agenda.

11 9. Performance Outcomes System (POS) Stakeholders Advisory Committee
12 meeting with representatives from counties, providers, academia, advocates,
13 External Quality Review Organization (EQRO), and the State (meets about three
14 times per year, last met in April 2014 and will meet again in December 2014).
15 Additionally, the POS Subject Matter Experts Task Force and the POS Measures
16 Task Force meet monthly (or as needed). Katie A. is always on the agenda.

17 10. Quarterly DHCS Behavioral Health Forum with DHCS and all interested
18 stakeholders (counties, providers, advocates, community members). Katie A. is
19 always on the agenda.

20 Similarly, CDSS hosts or participates in the following:

21 1. Monthly County Welfare Directors Association of California (CWDA)
22 Operations meetings with all the Deputy Directors, CWDA, Training staff and State
23 staff. Katie A. is always on the agenda.

24 2. Monthly CWDA Children's Directors meeting with all Child Welfare
25 Directors, CWDA and the Executive state staff. Katie A. is always on the agenda.

26 3. Monthly Children System of Care meeting with MHPs in SOC counties,
27 CBHDA, and both CDSS and DHCS staff. Katie A. is always on the agenda.

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1 4. Quarterly Advocates Meeting with numerous advocates statewide, CDSS
2 Deputy Director and most Children and Family Services Division (CFSD) Branch
3 Chiefs. Katie A. is always on the agenda.

4 5. Bi-Monthly CWDA Wraparound Subcommittee with County
5 representatives, CWDA representatives, and the Integrated Services Unit of CDSS.
6 Katie A. is always on the agenda.

7 6. Semi-Annual California Wraparound Advisory Committee with
8 Providers, Child Welfare county staff, Mental health county staff, education, parent
9 partners, youth, probation, DHCS, and CDSS. Katie A. is always on the agenda.

10 7. Monthly Indian Child Welfare Act (ICWA) Workgroup-tribal
11 representatives, county ICWA specialists, advocates, CDSS staff. Katie A. is
12 always on the agenda.

13 8. The Quality Improvement Project to Improve Pyschotropic Medication
14 Use for Children in Foster Care holds weekly, monthly and quarterly stakeholder
15 workgroups to address the coordination of medication management, mental health
16 services, and children in foster care. These meetings are where consumer and
17 advocate voices have been included. Katie A. is always on the agenda.

18 9. CDSS also actively participates in the Child Welfare Council comprised
19 of fifty-three members, some of whom are advocates, consumers, and former foster
20 youth. Katie A. is always on the agenda.

21 10. CDSS also hosts quarterly meetings with California Youth Connection
22 comprised of current/former foster youth who represent the perspective of foster
23 youth. Katie A. is always on the agenda.

24 In addition to these standing meetings, both Departments meet with advocates
25 upon request to discuss issues of interest to them and the clients they represent. In
26 short, the State is well positioned to continue the Katie A. dialogue with the
27 relevant constituencies post-jurisdiction. This includes ongoing conversations with
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1 Plaintiffs' Counsel, either through this process or as needed based on circumstances
2 on the ground.

3 Positive Trends Continue

4 State Defendants also wish to note that the upward trend in service delivery
5 continues. As noted in State Defendants' Response to the Special Master's June
6 16, 2014, Report (ECF No. 902), the number of subclass members receiving
7 services has increased significantly in a relatively short period of time. This point
8 is particularly clear by comparing the increased level of service delivery as reported
9 by the counties in their progress reports submitted in October of 2013 and May of
10 2014.

11 Measure	October 2013	May 2014	Percent Difference
12 Subclass Members Identified	12,538	16,577	↑ 32 percent
13 Counties Providing ICC and IHBS	16	42	↑ 163 percent
14 Children & Youth Receiving ICC	500	3,969	↑ 694 percent
15 Children & Youth Receiving IHBS	312	2,862	↑ 817 percent
16 Children & Youth Projected for Services by Next Report Period ¹	5,060	7,353	↑ 45 percent

17 The most recent progress reports submitted on October 1, 2014 similarly show
18 an upward trend in the provision of services.²

19 Measure	May 2014	October 2014	Percent Difference
20 Subclass Members Identified	16,577	19,679	↑ 19 percent
21 Counties Providing ICC and IHBS	42	50	↑ 19 percent
22 Children & Youth Receiving ICC	3,969	5,800	↑ 46 percent
23 Children & Youth Receiving IHBS	2,862	4,006	↑ 40 percent
24 Children & Youth Projected for Services by Next Report Period	7,353	8,553	↑ 16 percent

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26 ¹ The numbers shown reflect children projected to receive ICC Services.
27 Some of those children are also projected to receive IHBS.

28 ² Final numbers are subject to change pending receipt of all October 2014,
progress reports and completion of a full review and analysis.

1 While the State Defendants acknowledge that there is still work to be done to
2 bring Intensive Care Coordination (ICC) and Intensive Home Based Services
3 (IHBS) to scale statewide, there can be no question that implementation continues
4 to move forward.

5 **Collecting Better Data**

6 In order to further advance implementation, the two Departments have
7 recently entered into a data sharing agreement that will permit the collection of
8 Katie A. subclass data in a much more consistent way than is currently afforded
9 through the county progress reports. The Katie A. Interagency Agreement (IA) is a
10 three-year agreement that allows DHCS and CDSS to exchange and match
11 specified data elements for the purpose of providing ongoing oversight,
12 coordination, monitoring, and evaluation of the provision of mental health services
13 to members of the Katie A. class and subclass. The State will now be able to
14 collect data that identifies potential subclass members and subclass members in a
15 consistent, standardized way statewide. This will enable the State to better
16 understand the extent to which services are or are not being provided to the children
17 and youth who are entitled to them. Having consistent statewide data regarding the
18 potential subclass will allow a more accurate analysis of the progress reports
19 currently being submitted by counties, which do not collect or report this data in a
20 consistent way.

21 The data matches will also provide the State with data for children who have
22 been screened and/or assessed for mental health needs, as well as service utilization
23 for ICC, IHBS and other Specialty Mental Health Services (SMHS). This is not
24 something the State was previously able to do on a statewide, consistent basis. At
25 the same time, it is critical information to have in order to know if subclass
26 members are being identified. In addition to tracking service delivery of
27 ICC/IHBS/other SMHS, the State will be able to conduct an analysis of mental
28 health services, mental health needs (including diagnoses), psychotropic medication

1 utilization and other traditional Child Welfare Services (CWS) outcome measures,
2 by age, ethnicity, gender, placement type, and length of time in out of home care
3 (group home or foster family care). This will provide invaluable information
4 needed to ensure ICC and IHBS are provided to subclass members. Also important
5 is that this data will simultaneously provide insight into the demographics and
6 placement information of subclass members which will help to inform policy and
7 practice.

8 The IA also allows sharing of de-identified and/or aggregate data with the
9 county mental health and child welfare departments supervising children in foster
10 care. The IA further allows for the publication of special analyses and reports with
11 de-identified & aggregate data. If a county has an appropriate data sharing
12 agreement or business associate agreement in place with DHCS or CDSS, the IA
13 allows the sharing of client-level data with counties. Once data sharing agreements
14 are in place with all counties, the State will be able to share child specific
15 information with child welfare agencies and mental health plans, thereby enabling
16 them to address assessment or service needs of individual children. In short, the
17 State anticipates that the data it is able to collect and analyze regarding subclass
18 members and the services they receive will improve dramatically both in terms of
19 quality and consistency.

20 Following the execution of the IA on October 14, 2014, CDSS sent a data set
21 of open child welfare cases with indicators attached to DHCS. DHCS will match
22 that data set with information from DHCS data systems by early December 2014.
23 That matched set will be returned to DSS where it will be broken down into age,
24 ethnicity, and placement type by DSS and duplicate data sets will be provided to
25 both DSS and DHCS. A Data Sharing Workgroup will be meeting to design the
26 report and develop the analysis of the data. That report/analysis will be posted to
27 the Katie A. websites.

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1 In addition to the Departments' collaborative efforts to get the IA developed
2 and executed, the State is poised to adopt the vast majority of the Joint
3 Management Task Force Recommendations – including the establishment of a
4 Shared Management Structure (SMS). The SMS expands the State's current
5 process which consists largely of meetings between the two Departments at every
6 level on Katie A. implementation. Once the recommendations are adopted, the
7 Departments will develop a SMS for on-going development and sustainability of
8 Mental Health and Child Welfare collaboration, including the establishment of a
9 shared vision, mission and values that incorporate the concepts of improving the
10 lives of all children in California. To this end, the State will establish the following
11 groups:

- 12 1) An Executive Team to provide leadership and decision-making in the
13 implementation of child welfare and mental health policy and practice;
- 14 2) A Community Team to provide, direction, advice and feedback about
15 state policies and programs;
- 16 3) A State Team to continue the work of operationalizing the Service
17 Delivery Action Plan and any additional policy and program work identified by the
18 Executive Team;
- 19 4) Time Limited, Ad Hoc Workgroups for specific issues which require
20 special review and expertise; and
- 21 5) A Transformation Manager/Facilitator which will provide staff support
22 and facilitation for the shared management teams.

23 Additionally CDSS and DHCS have committed to enter into a Memoranda of
24 Agreement (MOA) which will include, but not be limited to, alignment of
25 departmental policies and procedures as suggested by the Joint Management
26 Taskforce (JMT) recommendations. These steps will further develop and solidify
27 the collaboration between the two Departments that has developed to this point.

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1 **Ongoing Work with Counties**

2 As noted by the Special Master, the State has continued its work with twenty-
3 four large or lower performing counties. The State has also made progress in
4 implementing Recommendation 1 as set forth in the Parties' and Special Master's
5 Statement of Agreement filed on October 28, 2014 (ECF No. 919.) That
6 Recommendation calls for the State to establish performance goals with the
7 counties. The State believes implementation of Recommendation 1 will further
8 enhance the work it is already doing with the twenty-four counties, by more clearly
9 establishing specific expectations for counties to meet thereby increasing the
10 delivery of services.

11 Since filing the Statement of Agreement, the State has had multiple
12 discussions with the county associations about establishing performance goals for
13 county implementation of the Katie A. settlement agreement. The State plans to
14 host two meetings in December involving leadership from each Department and
15 executive level representatives from the two county associations to jointly discuss
16 how performance goals can be developed for the counties in this area. The State
17 anticipates reaching out to counties to establish these goals starting in January
18 2015. The State has begun incorporating performance goals in the tools used to
19 conduct the State's work with counties. The State fully expects this issue to be
20 further discussed and refined through the newly adopted SMS with input from the
21 Community Team.

22 In closing, the State wishes to express its gratitude and appreciation to all of
23 those involved in the negotiation and implementation of the Katie A. settlement
24 agreement. In particular the State thanks Judge Matz and Judge Kronstadt for their
25 oversight, guidance, and perspective as this case has moved forward. The State
26 also thanks Rick Saletta whose knowledge, dedication and determination pushed
27 implementation forward despite ever changing circumstances and, at times,
28 obstacles. The State also acknowledges and thanks Plaintiffs' Counsel, particularly

1 Kimberly Lewis and Patrick Gardner, for their input and constructive criticism
2 throughout the negotiation and implementation process. Finally, the State thanks
3 the counties, advocates, families, foster youth and associations, who have
4 contributed to this effort. While there has been much emphasis on data, timelines,
5 performance goals and the like, the State fully recognizes that the point of this work
6 is to get the children and youth the services they need and to which they are
7 entitled. Without question the past three years have made clear that the provision of
8 these services requires a substantial amount of effort and dedication.
9 Implementation is off to a strong start. The State looks forward to continuing this
10 important work with the assistance of the counties and with input from the
11 stakeholder community.

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Dated: November __, 2014

Respectfully submitted,
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