DEPARTMENT OF MENTAL HEALTH

The Department of Mental Health (DMH) administers, develops, coordinates, monitors, and evaluates a continuum of mental health services for children and youth.

MISSION STATEMENT

To assist children and youth with emotional disorders in developing their ability to function within their families, schools, and communities.

To enable children and youth with emotional and behavioral disorders involved with the Department of Children and Family Services (DCFS), and children and youth at risk of out-of-home placement to remain at home, succeed in school, and avoid involvement with the juvenile justice system.

Department of Mental Health (DMH) fulfills its mission by:

- Managing a diverse continuum of programs that provide mental health care for children, youth, and families.
- Promoting the expansion of services through innovative projects, interagency agreements, blended funding, and grant proposals to support new programs.
- Collaborating with other public agencies, particularly the Department of Health Services (DHS), the Department of Children and Family Services (DCFS), the Probation Department, the Los Angeles County Office of Education (LACOE), and school districts (e.g., LAUSD).
- Promoting the development of County and Statewide mental health policy and legislation to advance the well-being of children, youth, and families.

PROGRAMS RELATED TO CHILD ABUSE AND NEGLECT

This report presents the characteristics of children and youth who are victims of, or are at risk of, child abuse and neglect and are receiving mental health services in programs provided by DMH.

Among such programs are those that serve young children who are in or at risk of entering the child welfare system. These include:

- Mental Health Services Act (MHSA) funded 0-5 Full Service Partnership (FSP) program, which is an intensive treatment program for children with mental health needs, who are in or at risk of entering the child welfare system.
- DMH directly-operated programs which includes Ties for Families, Young Mothers and Well Babies, and DMH Contract Provider outpatient programs (including therapeutic preschools) serving children age 0-5, who are at risk of entering the child welfare system, as well as those already in foster care.
- DMH providers participate in First 5 LA's Partnership for Families initiative, a program for children and families at risk for child welfare involvement.

Collectively, these programs provide a continuum of screening, assessment, and treatment, serving the mental health and developmental needs of children from birth to five years of age. They are a critical component of prevention and early intervention strategies that support comprehensive infant and early childhood mental health systems of care.

In addition, this report covers other programs for children and youth at risk for abuse or neglect. These programs include the following: Multidisciplinary Assessment Team (MAT); Wraparound; Family Preservation; Family Reunification; Juvenile Court Mental Health Services; Juvenile Halls; Dorothy Kirby Center; Challenger Memorial Youth Center and its associated Juvenile Justice Camps; D-Rate Assessment Unit; Short Term Residential Therapeutic Programs; and Community Treatment Facilities.

CHILD WELFARE DIVISION

Katie A. v. Bonta was a class action lawsuit that challenged the long-standing practice of confining abused and neglected children and youth with mental health problems in costly hospitals and large group homes or in foster homes, instead of providing services that would enable them to stay in their homes and communities. Los Angeles County entered into a settlement agreement in May 2003 to develop and implement strategies to provide the plaintiff class with care and services consistent with effective child welfare and mental health practice. On March 14, 2006, Federal Judge A. Howard Matz issued an injunction requiring that the County screen members of the plaintiff class to identify children and youth who may need individualized mental health services.

Los Angeles County DMH created the Child Welfare Division (CWD) as part of the Katie A. Settlement Agreement. CWD is a centralized DMH administrative structure that provides oversight and coordination of countywide activities related to mental health services for children and youth in the county's child welfare system. CWD works closely with DCFS, DMH, Plaintiff's Counsel, County Counsel, the Katie A. Advisory Panel, and other County departments to comply with the Katie A. Settlement Agreement.

DMH Specialized Foster Care (SFC) are mental health staff co-located Countywide. DMH SFC staff are assigned to all 20 DCFS Regional Offices and are a critical component of Katie A. SFC staff improves access for children and youth involved in the child welfare system and provides mental health screening, assessment, crisis intervention, brief treatment, and linkage to mental health treatment in the community. In addition, SFC staff participate in Child and Family Team (CFT) meetings.

CHILD WELFARE PROCESSES AND PROGRAMS

Coordinated Services Action Team (CSAT)

The CSAT is an administrative network in each DCFS regional office that coordinates screening and assessment of: (a) newly detained, (b) newly opened and non-detained, and (c) existing DCFS cases. Every child or youth under DCFS supervision is given a mental health screening by a Children's Social Worker (CSW) using a brief checklist, the California Institute of Mental Health/Mental Health Screening Tool (CIMH/MHST). Those screening positive are referred for assessment and possible mental health services. CSAT provides a Services Linkage Specialist (SLS) to assist CSWs in identifying suitable service linkages. Implemented in May 2009, CSAT initiated a monthly Referral and Tracking System (RTS) Summary Data Report that tracks rates of screenings and referrals. CSAT is primarily a DCFS process, which participates in the DMH SFC co-located programs.

On April 30, 2015, the Board approved annual reports summarizing progress of all Service Planning Areas (SPA) for screenings and referrals for the twelve months of each Calendar Year (CY). A summary of screening/referral data as issued by DCFS and DMH for CY 2019, January 1, 2019 through December 31, 2019, has been included below.

- 97.64% of children/youth who were eligible for screening were screened for mental health needs.
- 94.82% of children/youth who were screened for mental health services screened positive.
- 97.78% of children/youth who screened positive were referred to mental health services.
- 95.44% of children/youth referred for services received mental health service activities within the required timelines.
- Of the 18,417 children/youth who screened positive on the MHST, 16 children/youth (.09%) were determined to have acute needs, 225 (1.22%) children/youth were determined to have urgent needs, 17,363 (94.28%) children/youth

were determined to have routine needs, and the acuity level of 813 (4.41%) children/youth remained to be determined.

- On average, children/youth with acute needs received a mental health service activity within the same day of the referral. On average, children/youth with urgent needs received a mental health service activity within the same day of the referral. On average, children/youth with routine needs received a mental health service activity within 1 days of the referral.

- The rate of children/youth who received a mental health activity within required timeframes according to acuity, for CY 2019, was the following: 87.50% of children/youth with acute needs received DMH services on the same day as the referral; 96.44% of children/youth with urgent needs received DMH services within three days of the referral; and 97.68% of children/youth with routine needs received DMH services within 30 days of the referral.

Multidisciplinary Assessment Team (MAT)

MAT is a collaborative assessment process offered through DCFS and DMH. Newly detained children and youth in the child welfare system with full-scope Medi-Cal and in out-of-home placement qualify for a MAT assessment. Each is eligible to receive a comprehensive assessment of their medical, dental, educational, caregiver, and mental health needs. Within 45 days of receiving the referral, the DMH MAT provider conducts an age appropriate assessment – Infancy, Childhood and Relationship Enrichment Initial Assessment (ICARE) or the Child/Adolescent Full Assessment – and completes a MAT Summary of Findings Report. The report is discussed with the child/youth's Child and Family Team (CFT), incorporated into the child/youth's DCFS Case Plan and then shared with court. MAT staff link children, youth, and their families to needed services based on the findings and recommendations of the team.

Countywide 4,833 children and youth had a MAT assessment completed in Fiscal Year (FY) 2018-2019. Of this sample, 2,733 children (57%) were between the ages of 0 to 5 at the time of their initial detention.

DMH Services at the Countywide Medical Hubs

DMH provides comprehensive mental health services through its co-located mental health staff with the Department of Health Services (DHS) Medical Hubs (Hubs). The Hubs are DHS facilities and include Martin Luther King, Jr. Medical Center, Olive View Medical Center, Harbor-UCLA Medical Center, and High Desert Regional Health Center. DMH provides mental health services at the Hubs in an integrated and collaborative service delivery model, in collaboration with Department of Public Health (DPH), DHS, and DCFS. The goal of co-locating services is to improve the access to health and mental health care for DCFS involved children and youth who are newly detained or under a child welfare investigation. The co-located mental health staff at the Hubs provide services that include but are not limited to the identification, screening, consultation, and linkage to specialty mental health services.

In 2018, DMH expanded its services by allocating additional staff at each of the Hubs. The co-located mental health staff prioritize children and youth ages birth to five, Commercially Sexually Exploited Children and Youth (CSEC), children discharged from psychiatric hospitals, and those in need of immediate crisis intervention.

During the FY 2018-2019 Medical Hubs have served over 10,000 total clients.

Family and Children's Index (FCI)

FCI is the name given to the Los Angeles County customized application authorized by California Welfare and Institutions Code (WIC) section 18961.5. The statute allows children services, health services, law enforcement, mental health services, probation, schools, and social services agencies within counties to share specific information about families who have had relevant contacts with these agencies and who have been identified as being at risk for child abuse or neglect. The statute requires that each county develop their own "at-risk" definition. As a "pointer" system, FCI directs authorized users of participating agencies to other participating agencies who have had contact with the family, subject to an initial search match made through the application. Once users are pointed to other agencies, the statute requires that confidential, substantive information about a family must be shared through the formation of Multi-Disciplinary Teams (MDTs), unless some other legally permissible way to share that information already exists. The application can only store specific information as allowed by WIC 18961.5. It does so by receiving data from participating agency databases using a set of agency-specific at-risk

indicators (filters) that conform to the County's at-risk definition. Once these records are identified using those filters, allowable information is electronically imported into the FCI database.

During FY 2018-2019, DMH provided information in response to 7,699 FCI Inquiries.

Wraparound

The Wraparound Program is an intensive mental health services program that serves children and youth ages 0-21 years who are Medi-Cal eligible. The program is a collaboration between DMH, DCFS, and the Probation Department. In CY 2019, there were 48 Wraparound providers at 108 sites throughout the County. Wraparound is a strengths-based process that serves children, youth, and their families in their communities. Services incorporate Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) to build upon the strengths a family already possesses while simultaneously supporting the needs identified by the Child and Family Team (CFT). Children, youth, and their families are viewed as the experts in their lives and take an active role in driving service delivery. While services are individualized, they are centered around preserving the family's integrity, allowing the child and youth to live and grow in a safe, stable, and permanent family environment, minimizing the need for higher levels of care. Furthermore, the Wraparound program has been able to highlight the need for more trauma-informed services for children, youth, and their families. The Shared Core Practice Model (SCPM) has been implemented as a framework for identifying shared values, core components, and standards of practice to ensure that services are provided in a culturally relevant and trauma-informed manner. Countywide oversight and attention assures fidelity to this model, resulting in consistent practices among all Los Angeles County Wraparound providers.

In July 2018, DMH acquired administrative and programmatic oversight of the Wraparound program, shifting from a child welfare program to a mental health program. Additionally, in 2018, DMH created a unique web-based application, the Wraparound Tracking System (WTS), which allows for regular tracking of all enrollments, transfers, and exits for children and youth referred to the Wraparound program. Additionally, The WTS monitors the financial supports provided to children, youth, and their families, which addresses their immediate needs and leads to increased stability.

During CY 2019, the Wraparound program served an average of 2,356 children and youth each month, which included 190 Probation cases, 70 Post Adoption cases, and 22 Indigent cases.

Intensive Field Capable Clinical Services (IFCCS)

IFCCS are an array of services firmly grounded in the SCPM and are intended to expedite access to ICC and IHBS. IFCCS is an intensive mental health program that provides field-based, trauma-sensitive services to children and youth with an open child welfare case. IFCCS is designed to foster relationships built upon strengths of the children, youth, and their families with the goal to minimize psychiatric hospitalizations and promote placement stability.

The IFCCS team follows the child/youth regardless of placement to ensure continuity of care and can offer a full range of mental health services, including individual and family therapy, ICC, and IHBS. These services are coordinated and organized through the CFT process.

During FY 2018-2019, 896 unduplicated children and youth were served by IFCCS. Of these, 453 (51%) were female and 443 (49%) were male.

Intensive Services Foster Care (ISFC)

Please note that effective FY 2018-2019 the program is called Intensive SERVICES Foster Care (ISFC) and no longer Intensive TREATMENT Foster Care (ITFC).

The ISFC program, formerly known as Intensive Treatment Foster Care (ITFC), is an intensive mental health treatment program that seeks to reduce placement instability and provides an alternative to congregate care settings with many residents and professional staff. ISFC places children/youth in foster homes in which the child/youth is typically the only foster child/youth. They will have a treatment team including a Foster Family Agency (FFA) social worker, an In-Home Support Counselor (IHSC), Therapist, and when needed, a psychiatrist. This treatment team provides the child/youth with individualized mental health services and supports while coordinating with other needed service programs. ISFC foster parents receive additional training hours, have access to 24/7 support, and are active participants in the child/youth's treatment. Children/youth are placed after their needs are matched with the unique strengths and skills of the

ISFC foster parents. During FY 2018-2019, there were 140 ISFC placements. Of these, 61 (44%) were female and 79 (56%) were male. Broken down by age, 3 (2%) were between the ages 0-5, 96 (69%) were between the ages of 6-12, 35 (25%) were between the ages of 13-17, and 6 (4%) were between the ages of 18-20.

DMH SUPPORT TO STAFF AND PROVIDERS

Training and Coaching

During FY 2018-2019, DMH Child Welfare Division (CWD) Training and Coaching Unit and the Continuum of Care Reform (CCR) Training and Coaching Unit provided ongoing trainings to DMH staff, DCFS staff, Probation staff, mental health contracted provider staff, and resource parents. The training topics offered included:

- Behavior Talks: Helping Caregivers Manage & Deescalate Challenging Behaviors in Children and Youth
- Compassion Fatigue & Vicarious Trauma: The Role of Provider Self Care
- Core Practice Concepts in working with LGBTQ Youth
- Documenting and Claiming for Intensive Care Coordination & Intensive Home Based Services
- Effective Strategies for Family & Youth Engagement
- Impact of Trauma Across Stages of Development Training for Mental Health Professionals
- Infant and Toddler Development within a Relational Context
- LGBTQ+ Competency Training: Knowledge for Reducing Barriers to Permanency for LGBTQ and Gender-Variant Children/Youth in the Child Welfare System
- Permanency Values Training for Mental Health Professionals
- Quality Service Review Foundational Training
- Trauma Informed Practice for the Mental Health Professionals
- Where Privilege Meets Oppression: Utilizing a Cultural Lens with the Child Welfare Population

Coaching

- Shared Core Practice Model (SCPM) with an Emphasis on Underlying Needs
- Overview: Preparing for Child and Family Teaming
- Child and Family Team Facilitator Training (2 days)
- Role of the Clinician: Participating in the Child and Family Teaming Process
- Underlying Needs: A Strengths/Needs-Based Service Crafting Approach

Wraparound

- California Wraparound Standards Training
- Creating Effective Teams: Understanding My Role as a Member of a Team
- Principles of Teaming and Wraparound Role Definitions & Skills
- Utilizing Trauma-Informed Lens in Wraparound
- Wraparound 101 Training

Continuum of Care Reform (CCR)

- Trauma Informed Care
- Child and Family Team Process Overview
- Mental Health Strategies for Children and Youth with Co-Occurring Mental Health and Developmental Disabilities
- Psychopharmacology
- Embracing Identities: Supporting LGBTQ Youth in the Mental Health and Child Welfare Systems
- Integrated Core Practice Model (ICPM) Overview
- Prevent the Eruption: Trauma Informed De-escalation Strategies
- Child and Adolescent Needs and Strengths (CANS) – Overview
- Training of the Trainer and Transformational Collaborative Outcomes Management for Thought Leaders

- Fundamentals of Peer Support-Integrating Peer Support Specialists into Continuum of Care Reform

Trainings were offered on a monthly basis throughout FY 2018-2019.

The Continuum of Care Reform (CCR) Training and Coaching Unit provided trainings to further assist contracted providers with implementation of CCR requirements. Many of the trainings were made available on an agency specific basis to allow both clinical staff and childcare staff working different shifts the opportunity to participate.

The vision of the CCR Training and Coaching unit is to continue to promote the effective application of the core values and guiding principles of the CCR legislation. CCR provided continuous learning opportunities for DMH, DCFS and Probation staff, Resource Parents, and contracted Short Term Residential Therapeutic Program (STRTPs) providers to apply the skills and practice behaviors defined by the CCR legislation and the ICPM to help improve the lives of children in the Los Angeles County Child Welfare System. The goal is to assist providers in reflecting upon and improving their practice by helping them utilize a cultural lens and a trauma responsive approach to uncover underlying needs and recognize the unique strengths of children, youth, and families. Understanding the underlying needs of the children and families we work with, will allow for the development of individualized and uniquely developed plans and services.

Additionally, in FY 2018-2019 the CWD Coaching Unit provided intensive coaching services for 52 cases across all Service Areas (SA) in Los Angeles County. The coaching process supports the implementation of the SCPM and the CFT process and includes modeling of CFT facilitation skills, reinforcing strengths-based practice principles, emphasizing individualized interventions, tailoring underlying needs, and recognizing the impact of trauma.

Quality Service Review (QSR)

The QSR is a partnership between DMH and DCFS in which case-based reviews are conducted to measure the countywide implementation of the SCPM by both departments. Each completed QSR provides a snapshot of what is working and what needs improvement in practice implementation as well as in child and family status. Practice Indicators include: Engagement, Teamwork, and Assessment & Understanding; and Child and Family Status Indicators include Safety, Permanence, and Emotional Well-being. In accordance with the Katie A. Settlement Agreements, passing percentage criteria have been established defining the minimal acceptable QSR score that must be achieved over a series of review cycles, also known as “Rounds”. The lawsuit will be fulfilled when each Service Planning Area (SPA) has achieved the required scores, and upon the subsequent review, when the offices in that SPA demonstrate continued maintenance of the same or close to the original passing scores.

In FY 2018-2019, there were 77 quasi-randomly selected cases (32 females, 45 males) that were evaluated applying the QSR in Los Angeles County. QSR was held in the following DCFS Regional Offices during this time period: Pomona, El Monte, Belvedere, Santa Fe Springs, San Fernando, and Santa Clarita.

ADDITIONAL MENTAL HEALTH PROGRAMS FOR CHILDREN INVOLVED WITH PROBATION AND CHILD WELFARE

Short Term Residential Therapeutic Programs (STRTP)

STRTPs were established beginning January 1, 2017 by Assembly Bill 403 (Chapter 773) in order to reduce reliance on group residential care as a long-term placement setting. CCR transformed the group home system and replaced it with this new program and licensing category, intended to create facilities that provide a higher level of intensive services and supports than group homes have traditionally provided.

STRTP is the highest level of residential placement and treatment, outside of a locked Community Treatment Facility or psychiatric hospitalization. Group homes transitioning into STRTPs are required to provide specialized and intensive care, supervision, services, supports, treatment, short-term 24-hour care, and supervision to children/youth/non-minor dependents (NMDs) whose needs cannot be safely met in a family setting.

Placement in an STRTP is meant to last up to six months (for Child Welfare Dependents) or 12 months (for Probation Foster Youth), with a second level review process built in that requires evaluation by the placing agency for extended placements.

The Interagency Placement Committee (IPC) evaluates the placement needs of foster children and youth. The goal is to ensure that children and youth are placed in the most appropriate and least restrictive setting to meet their needs. The evaluation utilizes screening tools, assessment reports, evaluation instruments, previous placement, treatment experiences, and other relevant information provided by Child and Family Teams.

All services in the STRTP are expected to be culturally relevant, developmentally appropriate, and trauma-informed. STRTPs must obtain a mental health contract, a Mental Health Program Approval (MHPA), and be Medi-Cal certified within one year of obtaining their STRTP license. The MHPA helps to ensure that the mental health services provided in the STRTPs comply with the state regulations and meeting the intensive needs of the youth in placement. The STRTP providers must directly provide the following Specialty Mental Health Services (SMHS) onsite as medically necessary:

- Mental Health Services
- Crisis Intervention
- Targeted Case Management/Intensive Care Coordination

The STRTPs are also required to either directly provide or provide access to:

- Day Treatment Intensive
- Day Rehabilitation
- Medication Support Services
- Psychiatric Nursing Services

In addition, STRTPs must provide the following core services and supports:

- Transition support services
- Education and physical, behavioral, and mental health supports, including extracurricular activities and social supports.
- Activities designed to support achieving a successful adulthood.
- Services to achieve permanent placement.

STRTPs have up to 24 months from the date of licensure to obtain national accreditation from one of the following entities:

- The Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Council on Accreditation (COA)
- The Joint Commission (JC)

In FY 2018-2019, there were 71 licensed STRTPs serving 2095 children and youth including, 796 females, 1274 males and 25 transgender youth, 203 children ages 0-13 and 1892 youth ages 13-18+.

Family Preservation Program

Family Preservation (FP) is a collaborative effort between DMH, DCFS, Probation, and the community to reduce out-of-home placement and the length of stay in foster care and to shorten the time to achieve permanent placement for children or youth at risk of abuse, neglect, and out of home placement. The program's model is a community-based collaborative approach that focuses on preserving families experiencing challenges related to child abuse, neglect, and/or child exploitation by providing a range of services that promote empowerment and self-sufficiency. These support services are designed to keep children or youth and their families together. DCFS allocates funds to DMH to provide FP mental health services to uninsured individuals. DMH contracts for services from local private mental health agencies. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds also support this program. FP programs provide mental health services in every Service Area (SA).

When a family is referred to FP, a Multi-Disciplinary Case Planning Committee (MCPC) is convened at the appropriate Community Family Preservation Network (CFPN), or in the child's home. A SA-based Family Preservation Specialist (FPS) represents DMH at the MCPC, and assists in the screening of children, youth, and families suitable for Family Preservation mental health services. Where appropriate, the FPS assists with the preparation of a mental health referral.

The mental health component is provided as a linkage service identified at the MCPC meeting. This has been a successful strategy that allows for an integrated treatment approach by providing therapeutic interventions that improve child, youth, and family functioning. In addition, the FP program aims at developing effective parental coping skills,

which reduce the risk of child abuse, neglect, and problematic behaviors.

Mental health services offered include assessment and evaluation; individual, group, and family therapy/ rehabilitation; collateral services; medication support; crisis intervention; and targeted case management provided in the child's community, school, and home.

During FY 2018-2019, FP mental health providers served 671 consumers referred by FP agencies. Twenty-one percent (21 %) of those individuals were uninsured (indigent). Seventy-eight percent (78%) of the indigent FP consumers were FP adults.

Reunification of Missing Children Program

The Reunification of Missing Children programs are part of the Reunification of Missing Children Task Force chaired by Find the Children, a non-profit corporation dedicated to the recovery of missing children or youth, and the Inter-Agency Council on Child Abuse and Neglect (ICAN). The Task force meets monthly. Its members include Los Angeles Police Department (LAPD), Los Angeles Sheriff's Department (LASD), DCFS, County Counsel, the Federal Bureau of Investigations (FBI), the U.S. Secret Service, the Mexican Consulate, and the District Attorney's Office. Find the Children works closely with the National Center for Missing and Exploited Children. It refers children or youth and parents to the reunification programs in response to requests received from DCFS, Probation, the Department of Justice, the State Department, the FBI, local law enforcement agencies, and the Family Court Judge.

The Family Reunification program provides Community Outreach services to families. Consumers in need of mental health treatment (and their families) are given information about mental health resources near their residence. Families referred to the Family Reunification program receive family therapy, child therapy, or group therapy, combinations of these interventions, as well as parenting classes. Outreach families who are not referred for mental health treatment do not present an Axis I diagnosis, nor do they meet the medical necessity criteria for admission into DMH. However, they do receive interventions such as social skills training and parenting classes.

The reunification program's goal is to assist in the process of reunification with the left-behind parent(s), to help determine appropriate placement, and to address any related trauma. The referral source for all reunification cases is the Find the Children Agency.

In FY 2018-2019, three of the DMH-contracted mental health providers, Wellnest, Didi Hirsch Mental Health Services, and Foothill Family Services provided culturally sensitive, crisis-oriented consultation, assessment, and treatment immediately following the recovery of a child or youth who had been abducted, often by a non-custodial parent.

These three programs served 14 children and youth in FY 2018-2019, with 57% (8) females, and 43% (6) males. Five children were within the 0-5 age category, eight children were within the 6-11 age category, and one youth was within the 12-17 age category.

Wellnest (formerly Los Angeles Child Guidance Clinic)

Founded in 1924, Wellnest is a nonprofit provider of mental health services for children, youth, and families in central and south Los Angeles. The agency promotes easy access through its no-fee, walk-in center, its field-based services in homes, schools, and community sites, along with its community-based office and housing. It promotes early intervention through the Early Intervention Program for children 0 to 5 years old. Services are family-centered and strength-based. The Clinic provides services in English and Spanish.

Wellnest providers use a trauma informed perspective and employs a variety of modalities in treatment. They conceptualize trauma as an experience or experiences that disrupt primary attachments and thus compromise a child's ability to regulate emotions and behaviors. This results in the delay of the development of appropriate competencies. Consequently, the therapeutic work is focused on enhancing family relationships and developing connectedness as a path to recovery and building resiliency. The client and family are crucial to treatment and are active partners in goal setting and in treatment. Wellnest providers may use individual and/or family therapy, targeted case management, individual rehabilitation, and psychiatric services.

In 2018-2019 Find the Children referred 11 children to Wellnest's Family Reunification Program.

Didi Hirsch Mental Health Services

The Family Reunification Program at Didi Hirsch continues to offer services to children and youth who have been recovered from abduction. During the FY 2018-2019, Didi Hirsch offered these services through the Child and Family Programs across the Los Angeles area, including sites at Inglewood, Taper, Metro, and Glendale. Similarly, to FY 2017-2018, referrals for FY 2018-2019 remained significantly low from previous years. Didi Hirsch received two referrals from Find the Children.

Task Force meetings were attended as appropriate to carry out the work around abduction and recovery. Task Force meetings included Find the Children staff, County Council, and representatives from ICAN, the District Attorney's office, the Sherriff's Department, FBI, LAPD, DCFS, and other mental health providers.

Foothill Family Services

Foothill Family provides an EPSDT funded Family Reunification program to children and Transitional Age Youth (TAY) youth, 0-18 years old, referred by Find the Children. The goals are to assist in the child's recovery from child abduction, reduce the children and youth's mental disability, enable youth to use their time meaningfully, live in safe environments, have a network of supportive social relationships, have timely access to help, including in times of crisis, and the maintenance or improvement of physical health as it relates to mental health goals. In FY 2018-2019, the reunification program served one child referred by Find the Children.

Foothill Family's expertise in specialized services to children 0-5; their extensive school-based services; conveniently located offices; in-home and community based services for underserved and unserved children and youth; and long history of services for children and youth detained, or at risk of detention, by DCFS or Probation makes Foothill Family an ideal provider for Find the Children referrals. Foothill Family's early intervention program targets children 0-5 with mental health symptoms often identified in preschool; services are provided at preschools, in-home, and in the community and include helping the parent respond to their child's special needs and consulting with preschool teachers to determine how to best meet the needs of the child. Services for children 0-5 identifies children at risk of expulsion from preschool and utilizes evidence-based interventions like Child Parent Psychotherapy (CPP), Incredible Years (IY), and Parent Child Interaction Therapy (PCIT). Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is the evidence based treatment used for children and TAY that have been exposed to trauma.

Foothill Family's Family Reunification services for children and TAY allow children and youth to work towards recovering from their abduction, experience an overall decrease in symptoms, make progress towards their goals, and show improvement in their community functioning.

Foothill Family's Family Reunification Program provides linguistically and culturally appropriate community mental health services to children 0-5, school-age children, and TAY throughout SA3. Services include mental health services, medication support, targeted case management, psychological testing, and crisis intervention. Services are provided by licensed or license eligible therapists, psychologists, experienced Child Specialists, and licensed psychiatrists.

DMH D-Rate Unit Program

The DMH D-Rate Unit continues to be a collaborative partnership between DCFS and DMH. DMH supervises licensed assessors who evaluate criteria for a specialized increment foster care rate. Eligibility is based on the child/youth's presenting mental health symptoms and behaviors and the impact on his or her functioning in various domains. These assessments help to determine the appropriateness of the placement, as well as the level of mental health services needed. In addition, the DMH D-Rate Unit re-assesses the D-Rate-eligible children/youth every year following the initial certification of eligibility.

DCFS "Schedule D" Foster Care provides family environments for children and youth who meet criteria and who are at high risk of requiring more restrictive and higher-cost placements. The D-Rate resource parents receive specialized training for parenting eligible child/youth and the home must satisfy D-Rate certification requirements. The D-Rate resource parents receive supplemental compensation in support of the additional responsibilities involved in caring for these children/youth.

The D-Rate Assessment is completed by a DMH assessor when DCFS determines that an existing mental health assessment does not demonstrate that the child/youth meets D-Rate criteria. The D-Rate Assessment is also completed by a DMH assessor

when no existing mental health assessment can be located. The assessor carries out an in-depth assessment of the child/youth, which usually takes place in the caregiver's home, which may be in any of the Los Angeles County Service Areas (SA). D-Rate assessments are also conducted in out-of-county homes, when necessary.

Once the assessment is completed, the D-Rate assessor submits the report to the DMH D-Rate Unit. The report includes recommendations regarding mental health needs, educational needs, and regional center services, as well as ancillary services. The assessor includes the findings regarding the child or youth meeting eligibility for D-Rate, however DCFS makes the final determination of eligibility. The DMH D-Rate Unit then assists with coordinating care by sharing information with DCFS. In addition, DMH assists with the identification of appropriate mental health services, referrals, and community resources. The DMH D-Rate Unit's Medical Case Worker (MCW) relays the recommendations to the DCFS CSW. The MCW also follows up with caregivers and treatment providers to provide a summary of the assessment outcomes, to answer questions, and to ensure that appropriate linkage to mental health services, based on assessment recommendations, can be completed. Most of the assessed cases are ultimately linked to County-contracted mental health provider agencies.

During FY 2018-2019, a total of 686 children/youth were referred for an assessment. Of the total number of referrals, 514 D-Rate Assessments were completed. There were 310 re-certifications completed following initial D-Rate certification.

Rate Certification Level (RCL) 14 Group Homes

DMH funds mental health services for severely emotionally disturbed children placed in RCL 14 Group Homes by DCFS and Probation. Criteria for placement at the RCL 14 Group Home level of care include substantial functional impairment resulting from a mental disorder; past or anticipated persistent symptoms or out of home placement; severe behavioral/treatment history including psychotropic medication or substance abuse, DSM diagnosis during the past year; plus, a Suitable Placement Order. DCFS contracts with and funds the group homes. DMH certifies that the RCL 14 Group Homes and the children placed there meet the State-defined RCL 14 mental health criteria.

During FY 2018-2019, there were 12 beds in RCL 14 Group Homes. All 12 beds were designated for males. San Gabriel Children's Center (12 beds) was the only remaining RCL 14 Group Home in Los Angeles County. It should be noted that San Gabriel Children's Center transitioned from an RCL 14 Group Home to a Short Term Residential Treatment Program (STRTP). As a result, the number of RCL 14 Group Home beds were reduced to zero at that time.

In FY 2018-2019, DMH provided services to eight minors in the San Gabriel Children's Center RCL 14 Group Home. The sources of referral for the eight residents were 50% (4) from DCFS and 50% (4) from Probation. The purpose of this treatment program was to provide stability for children in a group home setting in order to nurture their growth and development and to allow them to succeed in an educational setting.

Community Treatment Facility (CTF)

The Community Treatment Facility (CTF) is a State licensing category for residential treatment placement of minors. It is a higher level of care than the past RCL 14 Group Homes or the current Short Term Residential Treatment Programs (STRTPs) and was created as an alternative to the State Hospital. In FY 2018-2019, there were two CTFs with a total of 64 beds. Star View offered 40 beds, 10 of which were designated for males and 30 for females. Vista del Mar offered 24 CTF beds, 16 of which were designated for females and eight for males. Note that both Star View and Vista del Mar had flexibility in designating beds for females and males based on demand or need. The criteria for placement at the CTF level of care include all of the criteria for STRTPs plus an inability to be served in a less restrictive setting, as evidenced by unsuccessful placements in open settings, denials of admission from STRTPs; high-risk aggressive, self-destructive, or substance use behaviors; and the motivation to benefit from treatment in a more restrictive treatment setting. In FY 2018-2019, DMH provided services to 47 Los Angeles County minors in the CTF level of care. The sources of referral for the 47 residents were 89% (42) from DCFS and 11% (5) from Probation.

Specialized Linkage Services Unit (SLSU)

The Specialized Linkage Services Unit (SLSU) participates in discharge planning teleconferences for DCFS and Probation involved minors who are being discharged from DHS directly operated and

Los Angeles County-contracted psychiatric hospitals. The goal of the Discharge Planning Teleconference is to develop an appropriate discharge plan for each child/youth prior to being discharged from the hospital.

When a child or youth under court jurisdiction is psychiatrically hospitalized, SLSU assists the hospital in developing a plan for services and activities that are needed to support the functioning of the individual. An appropriate discharge plan typically includes arranging placement and linkage to an appropriate level of outpatient mental health services upon discharge. The mental health services linkage usually specifies where a child is to receive mental health services and identifies the agency and the type of service(s) to be provided. Issues discussed on each call may include the child or youth's presentation during hospitalization, placement plan upon discharge, status and efficacy of current mental health services, educational and/or regional center concerns, as well as the consideration of additional mental health service needs. Also included in each Discharge Planning Teleconference is a discussion of psychotropic medication, including medication type, dosage, side effects/adverse effects, prescriptions, and court authorizations. Recommendations for increased frequency of sessions immediately following hospital discharge may also be made during the Discharge Planning Teleconference.

The SLSU Case Manager assists in identifying which service(s) would be appropriate to meet the level of need for the child/youth and completes the appropriate referral and confirms that linkage has been established. Linkage is defined by the child's or youth's active participation in services, and confirmation of linkage occurs through consultation with the treatment provider and/or the Agency of Primary Responsibility (APR), either DCFS or Probation. The SLSU Case Manager assesses the effectiveness of the youth's mental health services

During FY 2018-2019, 1,006 Discharge Planning Teleconferences were completed; 992 were completed for DCFS-involved youth and 14 were completed for Probation-involved youth. Most cases remained open in SLSU for a period of 14-60 days, ensuring that the youth was linked to the appropriate level of mental health services and verifying that the youth was placed in an appropriate setting.

The SLSU also monitored the psychiatric hospital admissions of Medi-Cal-eligible children and youth in Los Angeles County. Case managers attended weekly treatment team meetings with hospital staff and regularly consulted on shared cases. SLSU engaged in follow up, discharge aftercare, and case coordination with the following Los Angeles and Orange County hospitals on a regular basis:

- Aurora-Charter Oak Hospital (Covina)
- BHC-Alhambra Hospital (Rosemead)
- Gateways Hospital (Los Angeles)
- UCLA-Resnick Neuropsychiatric Hospital (Los Angeles)
- LAC/USC Inpatient Services
- Augustus F. Hawkins (Los Angeles)
- Kedren Community Hospital (Los Angeles)
- College Hospital (Cerritos)
- College Hospital (Costa Mesa)
- Del Amo Hospital (Torrance)

The goal of all SLSU activities is to reduce the re-hospitalization rate in the child welfare population.

JUVENILE JUSTICE

Juvenile Court Mental Health Services (JCMHS)

In Los Angeles County, there are over 25,000 children and youth under the jurisdiction of the Juvenile Court. Many of these children and youth have needs for mental health services; approximately 10% are being treated with psychotropic medications. Juvenile Court judicial officers must make decisions regarding the mental health of children and youth under their jurisdiction. To optimally interface with the mental health provider system, it is vital for the Juvenile Court to have timely access to mental health consultation and liaison services. Juvenile Court Mental Health Services (JCMHS) serves this function.

The mission of JCMHS is to optimize mental health care for children and youth who are under the jurisdiction of the Juvenile Court. JCMHS accomplishes this goal through facilitation of effective Court decisions by helping all Court personnel obtain and interpret relevant mental health information and promoting collaboration between the various agencies in making and implementing plans to meet children's mental health needs.

When a child or youth is referred to JCMHS, mental health information regarding the child is obtained by various means including direct clinical evaluation, speaking to others who are significant sources of information, and reviewing clinical and other records, etc. JCMHS consults with judges, attorneys, CSWs, probation officers, child and youth advocates, family members, and others and serves as liaison between them and members of the mental health provider system. This service facilitates the Court's understanding of children and youth's mental health problems and needs for services and enables the Court and related agencies to effectively access mental health resources on behalf of the child and youth. JCMHS also provides a portal through which the mental health system is able to communicate with the Court system.

The mental health needs of Juvenile Court dependents and wards are often complex and their elucidation may best be accomplished by a multi-disciplinary approach. Recognizing this, JCMHS functions may be performed by clinicians of different disciplines working as a team.

Functions of JCMHS fall into three main categories:

General Mental Health Consultation and Liaison to Dependency Courts

Upon request by Juvenile Court personnel, JCMHS staff perform the following functions:

- Assessment by JCMHS to clarify a child/youth's mental health needs, whether they are benefiting from existing services and if not, what new services should be provided.
- Assisting the Court to determine when mental health evaluations would be useful in a given case and what types of evaluations to order.
- Assisting the Court in understanding and interpreting the results of evaluations.
- Facilitating obtaining information and services from the mental health system.
- Providing information about mental health placement and treatment resources.
- Facilitating multi-agency collaboration to meet mental health treatment goals.
- Organizing case conferences to achieve collaboration in difficult or unusual cases.

These functions may be provided by any of the clinical staff.

Participation in the Crossover Youth Project

Pursuant to the Juvenile Court WIC 241.1 protocol multi-agency (DCFS, Probation, and DMH) evaluation of children and youth who appear to fall under both WIC 300 and 600 sections is performed. The product of this process is a report to the Court recommending which branch of the Juvenile Court (dependency or delinquency) should have jurisdiction. The role of JCMHS is to make mental health recommendations to the judicial officers to best meet the mental health needs of the minor.

JCMHS clinicians collaborate with the CSW and Deputy Probation Officer (DPO) to:

- Collect existing mental health information.
- Obtain or perform new assessments if permitted by the minor's attorneys.
- Determine the extent and nature of a child/youth's need for mental health services.
- Recommendations are documented in a written JCMHS report, which is incorporated in the overall multi-agency report.
- Participate in multi-disciplinary team meetings to discuss findings and recommendations and appear in juvenile delinquency court hearings as requested.
- Consult with co-located DMH staff (Specialized Foster Care) to share information regarding any mental health issues, services, and needs of these children and youth in order to assist the Specialized Foster Care staff with their responsibilities with linking minors to available and appropriate services.
- WIC section 241.1 activities are primarily performed by Psychiatric Social Workers.

Psychotropic Medication Treatment Monitoring and Quality Improvement

Pursuant to the Juvenile Court Psychotropic Medication Authorization Protocol, JCMHS medical staff (clinical pharmacist or psychiatrist) review all requests to the Juvenile Court for

authorization to administer psychotropic medication to children and youth under Court jurisdiction and make recommendations to the Court as to the propriety of the proposed treatment. This enables the Court to obtain and properly interpret information relevant to decision making regarding such authorization. (Approximately 10,000 requests for Court authorization to administer psychotropic medication are reviewed each year.)

Pursuant to a request from children and youth's judges or attorneys, JCMHS medical staff perform assessments of children or youth's need for treatment with psychotropic medication, response to treatment, presence of adverse effects, etc., and consult with their attorneys and judges regarding authorization of the treatment and/or intervention by the Court to make changes in treatment.

Participation in the Competency Remediation Process for Juveniles

JCMHS has also been involved in the creation and delivery of educational services for delinquency involved youth who have been found incompetent to assist in their legal proceedings. Youth, who have been found incompetent for reasons of mental health or developmental immaturity, are referred for an eight-week program that attempts to explain the juvenile court system, all the relevant people in that system, and the possible outcomes of the proceedings.

Juvenile Hall Mental Health Units

In order to identify youth in need of mental health services in the juvenile halls, all newly admitted youth are screened and assessed by a mental health professional as part of a systematic process. Each youth is individually assessed upon admission. During FY 2018-2019, DMH continued to administer the Commercial Sexual Exploitation Identification Tool (CSE-IT) to all newly admitted youth. The CSE-IT helps to identify youth who may be involved in, or at high risk of, being victims of trafficking. Youth who are identified during the screening and assessment process as needing on-going care are assigned to a DMH treating clinician. In addition, DMH collaborated with Probation on the development of the Detention Interagency Identification and Response Protocol for CSEC youth.

During FY 2018-2019, the following number of youth were screened and identified as needing mental health services; this is reflected in the average number of mental health cases as a proportion of the average daily population (see Figure 1).

During FY 2018-2019, while the overall population of the juvenile halls decreased, the number or percentage of youth requiring mental health treatment has increased substantially.

In order to meet the complex needs of youth, a number of specialized units were developed to provide enhanced services for youth with high mental health and other needs. These units include the following: Girl's and Boy's CARE Units, Girl's and Boy's Enhanced Supervision Units, and the Developmentally Disabled Unit. Probation screens all newly admitted youth for potential developmental disabilities and refers any youth who screen positive to the Regional Center. DMH, LACOE, and Probation complete multidisciplinary/multimodal assessments for these youth and develop Individual Habilitative Treatment Plans (IHTP) for each youth during the time that they are incarcerated.

DMH staff are available in all juvenile halls seven days per week, extended hours (including evenings and weekends) to screen, assess, provide treatment, and respond to crises that arise. In all the juvenile halls, DMH staff are co-located on the living units to be readily available to youth and Probation staff. In addition, there are confidential Access to Care boxes on every living unit so that youth can anonymously request services. DMH staff check these seven days per week.

DMH has multi-disciplinary staff, including psychiatrists, psychologists, licensed clinical social workers, marriage and family counselors, and case managers. High quality psychiatric services are available at all three juvenile halls. There is a 24-hour on-call psychiatrist schedule, which is widely distributed throughout the system in case there are emergencies after hours. Within the juvenile justice programs, DMH uses the Probation Electronic Medical Record System (PEMRS), which is a combined medical and mental health record. PEMRS allows staff to access clinical work that has been done in any of the facilities.

Dorothy Kirby Center

Dorothy Kirby Center (DKC) is a probation residential treatment facility located in SA7, which provides services to children and youth from the entire county. Its Mental Health Unit (MHU) consists of a treatment program within the boundaries of a secure

residential placement facility directly operated by the Probation Department. The mental health unit functions under a Memorandum of Understanding between DMH and Probation.

The staff of the mental health unit consisted of one Mental Health Clinical Program Manager II, Mental Health Clinical Supervisors, LCSW, MSW, LMFT, Licensed Psychologists, Psychiatrists, Substance Abuse Counselor, Licensed Recreational Therapist, Community Worker/Family Advocate, Staff Assistant, and Clerical/Support Staff.

Dorothy Kirby's MHU is a secure (locked) residential treatment center serving adolescent males and females between the ages of 13-18. All youth referred to Dorothy Kirby receive a screening consisting of an interview and a review of relevant records. A licensed clinician goes out to interview each referral in one of the juvenile halls. One hundred percent of youth were assessed after a face-to-face screening. The Dorothy Kirby Center has the capacity to house a total of 100 youth. Youth are referred to the Screening Committee comprised by Probation and DMH administrative clinical staff.

All referrals come through the Juvenile Court system. All clients are wards of the Juvenile Court, having had criminal petitions brought against them and sustained. In addition, many have extensive criminal arrest records. All have ICD-10-CM diagnoses and functional impairment. At least 80% are deeply gang-involved, with a large majority from severely dysfunctional homes. Many of the youth have had prior involvement with DCFS. Referrals to DKC are made by a judge or a deputy probation officer. During the stay at Dorothy Kirby Center all the youth receive mental health services.

Adolescents admitted to Dorothy Kirby Center have exhibited maladaptive and delinquent behaviors that have been influenced by an identifiable mental disorder, such as PTSD, substance abuse, and severe symptoms of trauma, depression, anxiety, ADHD, to name a few. In addition, Dorothy Kirby Center accepts females who have been targeted as Commercially Sexually Exploited Children (CSEC). Dorothy Kirby Center operates as an Intensive Outpatient Services (IOP) program. The IOP program includes individual, group and family therapy, medication support services, and crisis intervention. Group therapies include Dialectical Behavior Therapy (DBT) groups, Seeking Safety, and Substance Abuse groups.

Juvenile Justice Camps

During FY 2018-2019, DMH provided mental health services at Probation Camps and the Camp Assessment Center operated by the Probation Department located throughout Los Angeles County. The Probation Camps are located in Lancaster, Santa Clarita, Malibu, La Verne, and San Dimas. In November 2018, Campus Kilpatrick was forced to evacuate during the Woolsey Fire and remained in Lancaster while the facility was repaired. At the end of July 2019, all the remaining camps at Challenger Memorial Youth Center closed.

The Probation Camps have mental health staff on-site seven days per week and into the evening hours. In addition, Camp Navigators facilitate linkage for youth to community mental health services upon release. Three clinic drivers and one community worker coordinate bringing families to multi-agency team meetings and to family therapy sessions. The Camp Assessment Unit is housed at Barry J. Nidorf Juvenile Hall. Mental Health, Probation, and LACOE staff review youth with new camp orders to determine which camp can meet their needs. This review includes criminal risk, education, and mental health factors.

The rebuilt Campus Kilpatrick opened in July of 2017. The new campus has a more home-like design with smaller living units. The Probation Department, DMH, Juvenile Court Health Services, the Arts Commission, and various advocacy groups participated in planning meetings in order to design the LA Model for the new facility. As mentioned above, Campus Kilpatrick was evacuated to Lancaster, but continues to use and develop the LA Model.

These other Probation camps practice an integrated treatment model. As part of the model, Probation and Mental Health staff co-facilitate adapted Dialectical Behavior Therapy (DBT) groups to assist youth in learning skills to function more effectively in camp and in the community. All camps provide individual, family, group, collateral, and aftercare/linkage services. During FY 2018-2019, medication services were added to all open camps, which ensured that youth on psychotropic medications could go to any camp.

During FY 2018-2019, based upon the average daily population of the camps, DMH clinical staff treated close to 100% of the total population. In addition, DMH designed and implemented a 10-week Co-Occurring Disorder group series across the entire

camp system. These groups are modeled on the Substance Abuse and Mental Health Services Administration (SAMHSA) programs, which combine Cognitive Behavioral Treatment (CBT) interventions with motivational interviewing techniques. A five-week psychoeducational group series was also provided to youth who did not have a substance use/abuse diagnosis. Youth in these groups were administered pre and posttests and there was a significant reduction in their motivation to use drugs and alcohol. DMH also conducts a number of Seeking Safety and Mindfulness Based Substance Abuse groups throughout the camps.

Across the camp programs, there is a Multi-Disciplinary Team (MDT) process wherein youth participate in MDTs that include DMH, Probation, LACOE, parents, outside school districts, among other key players. These MDTs occur within 10 days of admission to camp (initial MDT), as needed during their incarceration to address a range of issues (as needed MDT), and 30-45 days prior to release from camp (Transitional MDT). This process has greatly enhanced the coordinated case planning for each youth during their camp stay and upon release to their communities and families.

The Probation Department completed Camp Consolidation plan by July 2019. The total number of open camps has been reduced as the population dropped over the past several years. There was a sequential closing of camp facilities including the entire closure of Challenger Memorial Youth Center. The remaining camps will include Scott, Campus Kilpatrick, Rockey, Afflerbaugh, and Paige. Comprehensive mental health services continue to be offered at all facilities.