

Katie A. Semi-Annual Progress Report

Cover Page

Reports are due April 1st and October 1st of each year. Please check the reporting period:

- May 15, 2013 – August 31, 2013 (Initial reporting period) October 18th
- April 1st
- October 1st

Katie A. Semi-Annual Progress Report Instructions

The Katie A. semi-annual progress reports are required by the Implementation Plan and should include information on the delivery of services occurring during the six months immediately preceding the report. The first of these reports is due on October 18, 2013, and includes information about services delivered May 15, 2013 through August 31, 2013. Enclosures 1 and 2 provide templates for the semi-annual report to be jointly prepared by Mental Health and Child Welfare Departments and submitted electronically.

Enclosure 1, Part A

The Mental Health Plans (MHPs) and Child Welfare Departments (CWDs) are to provide the total unduplicated numbers of subclass members, along with a breakdown of those subclass members grouped by the services being provided during the reporting period using the attached template. If the above numbers are not available, MHPs and CWDs are to provide an explanation of why they are not available and an estimated date of when the numbers will be available for each template item in Column 2 of Enclosure 1. This section (see Enclosure 1, Part A) of the progress report should build on the information counties provided in Section I of their Service Delivery Plans regarding identification of subclass members and the process used to determine their needs.

Enclosure 1, Part B

The MHPs and CWDs are to provide an estimated projection of the number of subclass members that will be provided with Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) by April 1, 2014, along with strategies and timelines to ensure access to ICC and IHBS, when medically necessary, and consistent with the Core Practice Model (CPM). In the column on Enclosure 1, Part B that reads "Strategy/Timeline Description," MHPs and CWDs should describe their plans for the identification of subclass children and youth who are identified in Enclosure 1, Part A, 4, 5, 6, 7 and 8 using the identifier and claiming codes for ICC and IHBS services.

Enclosure 2

The CWDs and MHPs should provide an update to the Readiness Assessment Tool counties completed in May 2013. Describe activities related to each section during the reporting period, including actual or anticipated results. Include activities that support family-centered principles, and promote implementation of the ICC and IHBS using the CPM. Identify activities that occur jointly and those that occur separately by child welfare and mental health agencies. Include information about barriers, as appropriate, and strategies to address them. For each section, MHPs and CWDs should specify technical assistance or state support needed regarding implementation of CPM, ICC, and IHBS.

Submittal Instructions: Please submit electronically to the California Department of Health Care Services at: KatieA@dhcs.ca.gov, and the California Department of Social Services at: KatieA@dss.ca.gov. Reports are due on April 1st and October 1st of each year.

| | | | |
|----------------|-------------------|--------------|-----------------|
| County: | Sacramento | Date: | 10/18/13 |
|----------------|-------------------|--------------|-----------------|

| Name and Contact Information County Child Welfare Department Representative | | | | | |
|---|---------------------------|---------|----------------------|-----------|------------|
| Name: | Alicia Blanco | | | | |
| Title: | Program Planner | | | | |
| County: | Sacramento | | | | |
| Agency Name: | Child Protective Services | | | | |
| Address: | P.O. Box 269057 | | | | |
| City: | Sacramento | State: | CA | Zip Code: | 95826-9057 |
| Phone: | (916) 876-5530 | E-mail: | blanca@saccounty.net | | |

| Name and Contact Information County Mental Health Department Representative | | | | | |
|---|--|---------|-------------------------|-----------|-------|
| Name: | Uma Zykofsky | | | | |
| Title: | Division Manager, Chief of Outpatient Services | | | | |
| County: | Sacramento | | | | |
| Agency Name: | Behavioral Health Services | | | | |
| Address: | 7001-A East Parkway, Suite 300 | | | | |
| City: | Sacramento | State: | CA | Zip Code: | 95823 |
| Phone: | (916) 875-3321 | E-mail: | zykofskyu@saccounty.net | | |

| Name and Contact Information (other stakeholders) | | | | | |
|---|--|---------|--|-----------|--|
| Name: | | | | | |
| Title: | | | | | |
| County: | | | | | |
| Agency Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Phone: | | E-mail: | | | |

| Name and Contact Information (Other stakeholder) | | | | | |
|--|--|---------|--|-----------|--|
| Name: | | | | | |
| Title: | | | | | |
| County: | | | | | |
| Agency Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Phone: | | E-mail: | | | |

| County: | Sacramento | Date: | 10/18/13 |
|---|--|---|--|
| PART A: Services Provided at Any Point Within the Reporting Period | | | |
| Item # | Information Requested | Column 1 10/18/13 | Column 2 Timelines |
| Instruction | For subclass members, provide the numerical count for the following: | Provide the number of children/youth per category | If Column 1 is blank, provide an explanation why the number is unavailable and an estimated date the number will be available |
| 1 | In Subclass (unduplicated). | 438 | Some children and youth currently in out of home placement have not yet been assessed to determine if they meet the criteria for subclass. Sacramento County is in the process of identifying these children for screening and assessment. These numbers will be included in the next report period. |
| 2 | Receiving Intensive Care Coordination (ICC). | 0 | The DBHS IT department is currently in the testing phase with respect to the DPI and the IHBS/ICC billing codes. We anticipate that we will be ready to use the IHBS/ICC billing codes no later than January 2014. |
| 3 | Receiving Intensive Home Based Services (IHBS). | 0 | The DBHS IT department is currently in the testing phase with respect to the DPI and the IHBS/ICC billing codes. We anticipate that we will be ready to use the IHBS/ICC billing codes no later than January 2014. |
| 4 | Receiving intensive Specialty Mental Health Services (SMHS) through a Wraparound Program or Full Service Partnership Program consistent with the Core Practice Model (CPM), but not claimed as ICC and IHBS. <i>Do not include youth already counted in 2 or 3 above.</i> | 137 (WRAP & FSP) | |

| | | | |
|---|---|---|--|
| 5 | <p>Receiving other intensive SMHS, but not receiving ICC or IHBS.</p> <p>Examples of intensive SMHS may include: Therapeutic Behavioral Services (TBS), Intensive Treatment Foster Care (ITFC), or Multidimensional Treatment Foster Care (MTFC).</p> <p><i>Do not include youth already counted in 2, 3, or 4</i></p> | <p>142</p> <p>(FIT, SFF, TAP, RBS, Assessment Center)</p> | |
| 6 | <p>Receiving services not reporting in 2, 3, 4, & 5 above.</p> | <p>48</p> | |
| 7 | <p>Not receiving SMHS.</p> | <p>111</p> | <p>59 of these children are currently in Residential Treatment.</p> |
| 8 | <p>Declined ICC or IHBS.</p> | <p>NA</p> | <p>Although many dependents are receiving CFT and in-home based services, the County is not yet prepared to bill for these services. (See response to # 2 and # 3)</p> |

| County: | Sacramento | | Date: | 10/18/13 |
|-----------------------------------|------------|---|--|----------|
| PART B: Projected Services | | | | |
| Item # | Service | Projected number of subclass members to be served by 4/1/14 | Strategy/Timeline Description | |
| 1 | ICC | | <p>Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to:</p> <ol style="list-style-type: none"> 1. newly identified children/youth and 2. children/youth identified in Part A, Items 4, 5, 6, 7, and 8 as medically necessary <p>Our IT vendor has released the patch that will support the DPI indicator and Katie A. claiming requirements. We have updated our TEST system and are currently identifying and evaluation implementation options. We are scheduled to conclude our testing and determine our approach by late October 2014. Once testing is complete, the necessary updates will be installed in our Live/Production environment. ETA for production release is Mid-November.</p> <p>By late October/early November, ICC/IHBS Pilot providers will be trained on the resulting billing code protocols created for these services. Our programmatic pilot go-live is currently scheduled for mid to late November. These services would then be submitted along with our regular Medi-cal claiming processes. ETA for November Medi-cal initial claim submission would be on or before January of 2014.</p> | |
| 2 | IHBS | | <p>All Wraparound and FIT providers will be included in the November-initiated pilot. It is anticipated that other FSPs and intensive services that serve subclass children will begin billing for ICC and IHBS by mid-February, 2014.</p> <p>Sacramento County is currently in the process of identifying the children and youth reported in #7 that are not in residential treatment, and who are not currently receiving SMHS, for priority screening. It has been already been determined that most of these youth have received and completed mental health services within the last 2 years.</p> <p>By mid December, 2013, Subclass-need children and youth and their caregivers currently receiving outpatient services will have the opportunity to team with their Social Workers and therapists to determine whether ICC/IHBS services are needed and would better meet the needs of the child.</p> | |

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

**Sacramento County Readiness Assessment Update
Activities During Reporting Period – May 15 through August 31, 2013**

I. Agency Leadership

For Katie A implementation and to strengthen collaboration between Child Protective Services (CPS) and the Division of Behavioral Health Services (DBHS), Sacramento County is currently utilizing a strategic decision making model that includes a Katie A Steering Committee, various related subcommittees, and larger community stakeholder processes. Members of these committees include Child Protective Services and Mental Health Leadership; CPS social workers, supervisors, planners and managers; Mental Health managers, program coordinators and planners; and family members and youth with lived experience. The Katie A. Steering Committee and subcommittees have met biweekly to strategize new systems and best practices for implementing the Core Practice Model. Four subcommittees also met regularly during the period, focusing on the following: data, training, screening and program development, and information sharing. Topics that have been strategized/addressed during this report period include: finalization of the 0-5 and 5+ screening tool; training and resource fairs; ICC CFT manual; and IT testing and preparation for the use of the DPI and IHBS/ICC billing codes.

During this reporting period, one large and two small stakeholder meetings regarding subclass service development have been held for the purpose of infusing stakeholder voice into the decision making process. Attendees have included family and youth participants and contracted mental health intensive service providers.

Several ongoing collaborative leadership meetings occurred during this reporting period and included the following:

- Cross Systems Meeting:
- Two bi-monthly meetings between CPS, DBHS, Probation, and Wraparound service providers.
- Residential Based Service (RBS):
 - Meetings occur twice a month and are attended by DBHS, CPS, Probation and service providers. Eight meetings occurred during this reporting period.
- IMAC: Interagency placement committee
 - Fifteen weekly meetings were attended by DBHS, CPS, and Probation.

The following robust, collaborative partnerships continue to exist between DBHS and CPS:

- CPS/MH Assessment Team: DBHS clinicians partner with CPS Social Workers to provide emergency assessments to children and caregivers.
- HEARTS for Kids: DBHS clinicians and Public Health Nurses provided preventative clinical assessments and linkages to children 0-5 who enter the foster care system.

- Independent Living Program (ILP): DBHS collaborates with CPS by providing funding to expand the Independent Living Program in order to serve foster and non-foster homeless and LGBTQ youth ages 16 – 25 years.
- Wraparound services, administered by DBHS, serving CPS children and youth.
- Residential Based Services (RBS), administered by DBHS, CPS and Probation, serving both CPS and Probation children and youth.
- Children’s Receiving Home Assessment Center: DBHS administers program for CPS female children and youth who are in need of psychological testing and assessment.
- Sierra Forever Families: A program administered through DBHS designed to help foster children and youth achieve permanence.

During this reporting period, family and youth voices were included in planning meetings and other forums as follows:

- Family Partners and Youth Peer Mentors regularly attended Child and Family Team Meetings facilitated by Wraparound and other intensive service providers.
- Family and youth advocates attended Katie A. Steering Committee (seven meetings) as well as Training (four meetings), Data, Screening and Program Development Subcommittee (eight) meetings.
- CPS and family and youth advocates participate in the MHSA Steering Committee meetings that occur every other month. There were two meetings within the reporting period.
- DBHS has family voice representation at weekly management meetings to advise leadership. Eighteen (18) meetings took place within the reporting period.
- Family Partners and Youth Peer Mentors serve at the management level at provider agencies that have contracts over \$1 million to advise contract provider leadership and provide the family and youth voice in both service delivery and policy development.

II. System and Interagency Collaboration

DBHS and CPS have ongoing contracts and MOUs with providers (short-term counseling, RBS, Wrap, FFAs and others) that clarify roles, responsibilities and expectations and also articulate strategies for meeting the needs of children and families. During the reporting period, in addition to the collaborative meetings described in the above section, the following activities took place:

- CPS leadership, DBHS leadership, County Counsel and the Children’s Law Center (attorneys representing foster children in Sacramento County) held several meetings, two of which occurred during the reporting period, to clarify issues related to consent, confidentiality and information sharing. The resulting guidelines are to be presented to mental health contracted providers at a meeting tentatively scheduled for November 12, 2013. .
- Leadership from CPS, DBHS, and contracted providers, including family partners and youth peer mentors, jointly participated in training related to trauma-informed services provided by Northern California Regional Academy entitled What Does Trauma Have to Do With It? Twenty three CPS managers, 31 DBHS

managers , 13 mental health provider leaders 3 Family Partners and 1 Youth Peer Mentor attende the training.

- Sacramento County sponsored 19 CPS, DBHS, Probation, contracted provider, school, and family and youth voice representatives to attend the May 8-11, 2013 California Mental Health Advocates for Children and Youth (CMHACY) conference.
- Jointly, CPS and DBHS organized three Mental Health Resource Fairs that brought CPS social workers together with mental health providers. Additionally, a mental health resource handbook was collaboratively developed and distributed to CPS staff. Twenty-four community mental health providers hosted information tables for social workers. The first fair served 97 social workers, the second 86 and third 64, for a total of 247 social workers served. Two DBHS clinicians are co-located with CPS Social Workers to provide emergency assessments to children and caregivers.
- CPS conducted monthly “1 STOP” events rotating between CPS regional offices. One Stop events are collaborative efforts between mental health and community providers (RBS, WRAP, Fast Track, Destination Family, Celebrating Families, Family Resource Centers, CAP Kids, and Kinship Support Services as well as parent advocates). Through this innovative practice, service providers come to CPS offices and offer case consultation and education to social workers, and help them complete referral forms. With the help of providers and parent advocates, CPS developed and is piloting a “universal” referral form to replace seven different forms currently used to refer to ACCESS, WRAP, and other agencies. The new form was developed to enhance efficiencies and accessibility in the referral process. Four of these events occurred during this reporting period.
- Two Children’s Stakeholder Meetings, facilitated by DBHS, were held during the report period. Representatives from community organizations, CPS, Probation, school districts, and family attended these bi-monthly meetings.
- On August 9th, 2013, DBHS provided an overview of Sacramento County mental health services for the Sacramento First 5 Commission.
- DBHS and CPS leadership participated in the Student Mental Health and Wellness Collaborative facilitated by Sacramento County Office of Education. One convening occurred within the reporting period.
- CPS and DHBS managers jointly participated in the Katie A. TA weekly calls.
- CPS and DBHS leadership participate in monthly CWDA and CMHDA discussions related to Katie A.
- Katie A. is an ongoing agenda item at monthly CPS Executive Management Team meetings and weekly DBHS Program Development and Support meetings.
- DBHS, with collaboration from CPS, presented the County’s progress toward full Katie A. implementation at the State EQRO review in September.

III. Systems Capacity

DBHS data indicate that 72% of children and youth in the child welfare system have received mental health services. During the reporting period, children ages 0-5 entering foster care received developmental screenings and referrals to both mental health and

developmental services. During the reporting period, the following activities were conducted in order to increase capacity:

- DBHS, CPS and stakeholders worked together to develop 0-5 and 5+ mental health screening tools to be administered by CPS social workers to children in the child welfare system. Twenty-three meetings were held during the reporting period to discuss issues ranging from the sensitivity of the tool to adherence to clinical requirements.
- Training on trauma-informed services was developed for CPS staff to be rolled out on October 16th and 17th. A total of 243 participants registered to participate in the training on 10/16 and 166 registered for 10/17. Participants included CPS social workers, Probation staff and mental health service providers.
- CPS continued training, coaching and mentoring staff on family engagement (Signs of Safety). There were six training days during the reporting period for CPS social workers and supervisors in the Emergency Response and Dependency programs (South/Central Region) as well as 18 video-conference coaching sessions.
- Ongoing meetings during this period included four MHSA Steering Committee, two DBHS provider meetings, four Youth and four Family Advocates meetings, and two Children's Stakeholder meetings.

IV. Service Array

During this reporting period, Sacramento County DBHS provided the following services that are consistent with the Core Practice Model expectations for Subclass Services:

Current IHBS Services Provided in Sacramento County

| IHBS | Description | # Providers |
|--|--|-------------|
| EPSDT Services: | Intensive | |
| Wraparound | An intensive, community-based, individualized, strengths and needs driven, family focused, culturally sensitive approach for children with serious emotional or behavioral problems. | 4 |
| Flexible Integrated Treatment (FIT) | Range of service based on needs of the child and family. From more routine outpatient services up to intensive mental health services with interagency service coordination. Intensive services are community-based, individualized, strengths and needs driven. Program allows children and youth to remain with same counselor as they step down to lower level of care. | 4 |
| Therapeutic Behavioral Services (TBS) | A supplemental short-term service that provides one-on-one treatment intervention for children and youth with serious emotional issues who are experiencing a stressful transition or life crisis | 4 |
| Residential Based Services (RBS) | Flexible, intensive mental health services delivered in the group home and the community | 3 |
| Sierra Forever Families (Destination Families) | Counseling, family finding and intensive case management services to assist children and youth achieve permanency. | 1 |
| Full Service Partnership | | |
| Transcultural Wellness Center (TWC) | FSP program providing a full range of services focusing on Asian Pacific Islander individuals and families. | 1 |
| Turning Point Pathways | FSP program providing comprehensive, integrated mental health and permanent supported housing & employment services. Housing first model. | 1 |
| Juvenile Justice Diversion and Treatment Program | FSP program providing comprehensive assessment and treatment for pre-and post-adjudicated youth at risk of incarceration. | 1 |
| Intensive Treatment Foster Care | ITFC serves children and youth who have complex needs that require more support than standard foster care. | 2 |

Additionally, the following Evidence-Based practices were provided:

- The Incredible Years. A training program to help parents manage children with behavioral issues. This program is provided by Birth & Beyond Family Resource Centers located in at-risk neighborhoods.
- Multisystemic Therapy. Addresses the behavioral problems of delinquent youth with the goal of improving functioning and empowering families to utilize community resources to achieve a healthier family environment.
- Multidimensional Treatment Foster Care. For severely delinquent youth as an alternative to residential care. It provides the youth and their families with therapy and support.
- Parent-Child Interaction Therapy (PCIT). Used for children with significant disruptive behaviors, placing special attention on the parent-child relationship. It not only helps with the child's behaviors but also empowers the parents to use effective parenting strategies.
- Trauma-Focused Cognitive Behavioral Therapy. A model that treats children and adolescents experiencing posttraumatic stress and related emotional and behavioral issues. It is often used with children who have experienced multiple traumas prior to and during foster care. It is designed to provide treatment to the child and the parents.
- Functional Family Therapy. A short-term family-focused and relational intervention, which is a strength-based model and usually involves 12 sessions over a 3-4 month period.
- Dialectical Behavior Therapy (DBT). A cognitive-behavioral approach that has two key characteristics: (1) a behavioral, problem-solving focus combined with acceptance-based strategies; and (2) an emphasis on dialectical processes.
- Portland Identification and Early Referral (PIER) Model. Designed for adolescents and young adults between the ages of 12 and 25. Focuses on identifying and treating mental illness in its early stages.

V. Involvement of Children Youth and Families

DBHS and CPS value and encourage participation of children, youth and families in decision-making and utilize multiple strategies to involve them in the provision of care. During the reporting period, DBHS and CPS involved families, youth and children in the following ways:

- CPS conducted Team Decision-Making (TDM) meetings to ensure the family and child's voices were included in decisions related to placement of the child.
- All Behavioral Health contracted providers that have a contract of over one million dollars are required to have a minimum of one Family Advocate and one Youth Advocate with lived experience as part of their executive leadership team.
- Four Family Advocate Committee meetings (FAC) were held and co-facilitated by a DBHS manager and a Family Advocate and attended by all Family Partners in the DBHS funded services. Four Youth Advocate Committee meetings were also held, two co-facilitated by a Youth Advocate and DBHS manager, and two by Youth Advocates alone.
- CPS' Emergency Response, Court Services, Informal Supervision, and Dependency programs are utilizing Signs of Safety engagement tools. The values

for SOS mirror the Core Practice Model values, and encourage respectful engagement, emphasis on family strengths, and child and family involvement in the creation of safety goals and a safety plan for the family.

- Child and Family Teams that mirror the philosophical tenets of the CPM are an integral part of the County's Wraparound, FIT, and RBS programs.
- Parents working through substance abuse issues, and their children, participated in Celebrating Families, a training curriculum that strengthens familial bonds and helps the entire family understand and cope with parental substance abuse. During the reporting period 40 families participated in Celebrating Families.
- The Early Intervention Family Drug Court (EIFDC) is a partnership between CPS, DBHS/AOD, Bridges Inc. and Birth & Beyond Family Resource Centers. The goal of this program is to help families address substance abuse issues so children can remain safely in the home. During the reporting period 262 adults and 112 families participated in EIFDC.
- Dependency Drug Court is a service for families in the dependency system to help them resolve substance abuse issues that are impeding reunification. During this reporting period, 256 caregivers participated.
- Representatives from FAC met with CPS leadership to discuss how parent advocates can be more involved with CPS. This initiative is still in the early stages of planning. More discussions are planned for the near future.
- A Family Coordinator with lived experience participates in the weekly DBHS management team meetings and Children's mental health management meetings.
- One meeting was held in which Family Advocates participated in strategizing ways to infuse the family voice in CPS trainings with caregivers that are new to CPS with the plan to include family partners in all new trainings.

VI. Cultural Responsiveness

CPS and DBHS Programs are designed to take into account the cultural needs of children and families. In Sacramento County, the DSM IV-TR and subsequent DSM-5 Cultural Formulation guides assessment and treatment planning, including connecting families and children to natural supports. Embedded in the Sacramento County Cultural Competence Plan are seven system-wide goals to ensure that the cultural and linguistic needs of our community are addressed. One of the goals targets the workforce to ensure that mental health staff mirror the cultural and linguistic makeup of the county. The annual Human Resource Survey is the tool used system-wide to monitor requirements related to this goal. CPS has special skills workers who serve diverse language and cultural needs. DBHS provides the 32-hour California Brief Multicultural Competence Scale (CBMCS) training for staff that includes a variety of topics (didactic and role-plays) about being sensitive and responsive to cultural differences. Additionally, DBHS requires all system-wide interpreters attend a 21 hour intensive skills building Interpreter Training Workshop that also includes an additional 8 hour training for treatment staff utilizing trained interpreters. In addition, CPS and DBHS translate key documents into the languages defined by the State as threshold languages for Sacramento County, in addition to translating other essential materials as requested. Written service plans can be translated upon request or when the need is identified. In addition, the service plan is discussed with the families and children in their native language. DBHS works with and

funds programs such as Supporting Community Connections, Asian Pacific Counseling Center (APCC), and La Familia to provide cultural and ethnic services to the diverse communities in Sacramento County. DBHS also partners with other culturally based community organizations to meet the cultural needs of our children and families. Lastly, CPS and DBHS accommodate all language requests through bilingual staff or interpreters that are available at no charge to the children and families.

During this reporting period, the following additional activities occurred:

- DBHS' Cultural Competency and System-wide Community Outreach & Engagement Committees held 9 committee meetings during this period.
- DBHS' Cultural Competency and System-wide Community Outreach & Engagement Committee members participated in 105 outreach activities and presentations.
- DBHS' Cultural Competency and System-wide Community Outreach & Engagement Committees organized and held a community based Latino Behavioral Health Special Presentation open to the community.
- DBHS' Cultural Competency held a 2 day pilot of Cultural Competence Foundational Training Utilizing the California Brief Multicultural Competence Scale (CBMCS).
- DBHS' Cultural Competency held a 3 day Mental Health Interpreter Training for interpreters.
- DBHS' Cultural Competency helped plan and develop the Cultural Competence and Mental Health Summit "Cultural Competency and Workforce Development: The Bridge to Healthcare Reform" and sponsored attendance for County staff, provider staff, and those with lived experience.
- County sponsored staff, provider staff, Family Partners and Youth Peer Mentors attended the Sacramento Unified School District's annual LGBTQI Conference.
- Additionally, 36 cultural competence trainings occurred through the system during this period.

VII. Outcomes and Evaluation

Sacramento County Behavioral Health Services and CPS collect an array of data that supports the Katie A. reporting efforts. Since the last readiness assessment, both departments have been working together on how to integrate and share data from one system to the other to ensure compliance with Katie A expectations as well as mitigate any duplication of efforts. The following efforts have occurred during this reporting period:

- The Division of Behavioral Health is currently in the process of adding key indicators in the Electronic Health Record (Avatar) for tracking Katie A class and subclass children. Children in Avatar will be able to be cross referenced with CWS/CMS based on the child's unique ID in CWS allowing for reporting across programs and divisions.

- CPS is currently training staff on the new data entry requirements in CWS/CMS.
- DBHS and CPS identified all children currently open to the system that meet the qualifications for the subclass and there are current efforts underway to ensure the ability to regularly and accurately identify the children in both Division's systems.
- All class and subclass members open to BHS have been assessed, using the CANS, at baseline and every 6 months. These assessments will allow us to report on outcomes around strengths and needs as well as help us assess level of service needs for each child. Additional data collection efforts may be made once we have the opportunity to assess the quality of data we are receiving from both BHS and CPS.
- An effort is underway to improve documentation in the Health Education Passport (HEP) which will allow us to track outcomes of class and subclass members.
- The following outcomes have been identified this report period to begin tracking:
 - Increase the number of children being identified in CPS that have mental health issues
 - Decrease the number of CPS children in out of home placement due to behavioral issues
 - Increase in child functioning (school performance, school attendance, juvenile justice encounters etc.) as captured on the HEP
 - Decrease in youth risk behaviors (suicide attempts, self-harm, danger to others, runaway etc.) as captured on the CANS
 - Decrease in crisis visits and acute hospitalizations
 - Timeliness to Services
 - Time between initial CPS referral and completion of screening
 - Time from initial CPS screening to Access assessment
 - Time from Access assessment to first face to face at outpatient provider
 - Length of time in service

Additional system indicators identified to be tracked:

- Number of positive screenings referred to Access Team
- Number of Access referrals that get linked to outpatient services
- Number of subclass/class

VIII. Fiscal Resources

DBHS provides mental health services to Children referred by CPS. Services are provided through contracts with community based organizations as well as county operated programs. These services are funded with Mental Health Services Act funds, 2011 Realignment, and Federal Financial Participation funds.

Service costs are tracked in the county's financial billing system and the data is sent to the State with the Medi-Cal claiming process. DBHS leverages

local funds to the extent possible to maximize the funding available to provide services. CPS and BHS budget staff meet regularly to discuss the needs for services and funding available.

Ongoing Collaborative Funding Efforts this Report Period:

- BHS and CPS are working collaboratively with Sierra Forever Families, a contracted provider, regarding the services provided in two programs servicing CPS dependents: Destination Families and the CapKids program. The goal is evaluate the services currently provided and to explore potential funding options.
- CPS Stop Funds are used to fund 2 Senior Mental Health Counselors who provide assessment services for caregivers and children referred by CPS.
- CPS provides funding for the Residentially Based Services (RBS) program jointly monitored by CPS and DBHS.