

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: San Mateo County

Date: October 17, 2013

Name and Contact Information County Child Welfare Department Representative					
Name:	Pravin Patel <i>(P. Patel, Human S)</i>				
Title:	Human Services Manager II				
County:	San Mateo County				
Agency Name:	Children and Family Services, San Mateo County				
Address:	1 Davis				
City:	Belmont	State:	CA	Zip Code:	94002
Phone:	650-5017	E-mail:	PPatel@smchsa.org		

Name and Contact Information County Mental Health Department Representative					
Name:	Paul Sorbo <i>(Paul Sorbo, CMH)</i>				
Title:	Deputy Director, Child/Youth Services, BHRS				
County:	San Mateo County				
Agency Name:	Behavioral Health and Recovery Services				
Address:	2000 Alameda de las Pulgas				
City:	San Mateo	State:	CA	Zip Code:	
Phone:	650-573-3926	E-mail:	PSorbo@smcgov.org		

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: San Mateo County

Date: Oct. 15, 2013

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).	88	
2	Receiving Intensive Care Coordination (ICC).		Initial CPM and Documentation training completed 09/11/13
3	Receiving Intensive Home Based Services (IHBS).		CPM training completed 09/11/2013.
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>	37	
5	Receiving other intensive SMHS, but not receiving ICC or IHBS. Examples of intensive SMHS may include: Therapeutic Behavioral Services (TBS), Intensive Treatment Foster Care (ITFC), or Multidimensional Treatment Foster Care (MTFC). <i>Do not include youth already counted in 2, 3, or 4</i>	41	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	9	
7	Not receiving SMHS.	1	
8	Declined ICC or IHBS.	NA	

County: San Mateo County

Date: Oct. 15, 2013

PART B: Projected Services			
Item #	Service	Projected number of subclass members to be served by 4/1/14	Strategy/Timeline Description
1	ICC	Approximately 115 to 120.	<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>San Mateo County will implement ICC and IHBS beginning September 2013.</p> <p>Subsequent reports will reflect current information on ICC and IHBS services.</p>
2	IHBS	45	

County: San Mateo County

Reporting Period: May 15-Aug. 31, 2013

Date Completed: Oct. 15, 2013

Please 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 principals, and promote implementation of the ICC and IHBS using Core Practice Model. 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, please indicate if training or technical assistance from the state is needed. When indicated, CDSS and DHCS will contact the county child welfare and mental health departments for further information. Please note that training and technical assistance needs will be addressed in a coordinated manner through each county's child welfare and mental health contacts.

Use additional pages, if necessary.

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Agency Leadership <i>Leadership's experience implementing family-centered services in a collaborative setting.</i></p>	<p>See Attachment # 1 Steering Committee and other committees formed focusing on Katie A. implementation objectives (for example training, stakeholder, child and family team committees formed: Attachment # 2). Training need: Including families and other community members in system improvement.</p>	<p><input checked="" type="checkbox"/></p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>See Attachment #1 Training on CPM and Documentation completed Sept 11, 2013. Implementation of Mental Health Screening Tool began Sept. 16, 2013. Identification of sub-class youth to begin September 2013. Training needed on family conferencing, confidentiality, and common information sharing systems.</p>	<p><input checked="" type="checkbox"/></p>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>See attachment # 1, #3, and #4. a. BHRS and CFS staff introduced to CPM and Documentation and Mental Health Screening Tool in 7 total day long training. b. Administration of MHST by CFS to begin Sept. 16, 2013. c. BHRS and CFS understaffed to meet Katie A. vision. d. Anticipate that Sept. 2013 budget approve additional hiring. e. Transitional Aged Youth have been integrated into screening and referral process. f. Finalized Screening/Referral/Tracking Protocol</p>	<p><input checked="" type="checkbox"/></p>
<p>Service Array <i>Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions.</i></p>	<p>BHRS is working with CFS to identify the Sub Class members and to integrate that information into our Electronic Health Care Record and billing system in order to submit necessary billing to the State. Fiscal resources for ongoing training (trauma informed practices, child and family teams, CPM, etc) identified as challenge. Technical assistance needed to identify resource opportunities.</p>	<p><input checked="" type="checkbox"/></p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>Stakeholder Focus Groups convened and being planned (Described in Attachment 3). Engagement of stakeholders identified to be completed by Dec. 30, 2013. Training and identification of resources needed to support meaningful youth and family involvement.</p>	<p><input checked="" type="checkbox"/></p>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>Both systems are building from strengths of ongoing training, diverse workforce, polices and practices, and language interpretive services. For this reporting period, these effort is still in implementation stage.</p>	<p><input checked="" type="checkbox"/></p>
<p>Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i></p>	<p>Both departments will begin implementation of reporting systems. BHRS - Avitar and Enlightened Analysis CFS - CWS/CMS and Placement Change Form (CS 112) BHRS and CFS would like to align their data gathering activities with state outcome expectations when they are available.</p>	<p><input checked="" type="checkbox"/></p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>BHRS is working with CFS to identify the Sub Class members and to integrate that information into our Electronic Health Care Record and billing system in order to submit necessary billing to the State.</p>	<p><input checked="" type="checkbox"/></p>

Katie A. Semi-Annual Progress Report

Agency Leadership:

Rating improved from 2-3 in to areas with regard to 1) access to services, and 2) quality of services. Katie A. has provided us the opportunity to improve in this domain. For example, our ability for leadership to regularly discuss access to and quality of services has improved given convening of the Katie A. Steering Committee, Katie A. Workgroup, Katie A. Training Committee, Katie A. Child and Family Team Committee, and Katie A. Stakeholder Committee (Attachment 1).

Systems and Interagency Collaboration:

Different meeting structures have been formed for planning and implementation purposes (Attachment 2).

It is important to note that the original training plan developed July 2013 has been changed due to unanticipated challenges and consequently will impact our implementation plan. Specifically, the Training Committee recognized as a priority the need to attend to a number of interagency systems issues that surfaced during initial Core Practice Model Guide and Documentation cross-training. These system issues will be addressed in the next training series.

Service Array

Given the aforementioned, training related to Child and Family Team, Trauma-Informed Practice, and Partnering will take place after the foundational work of relationship building between departments is completed.

San Mateo County Katie A. Committees

Each committee will strive to have youth and family and equal representation of Behavioral Health and Recovery Services (BHRS) and Children and Family Services (CFS) membership.

Katie A. Steering Committee

Purpose: Oversees planning and implementation of 1) Core Practice Model Guide, and 2) Documentation Manual. This CFS-BHRS leadership committee has overall decision-making ability to implement the Katie A. Settlement Agreement.

Tasks:

- Ensure Service Delivery Plan objectives are delivered.
- Ensure Semi-Annual Progress Reports are submitted.
- Implement Continuous Quality Improvement systems.
- Ensure inter/intra agency coordination, collaboration, and communication.
- Review resource and budget impacts of implementation.
- Review regular updates from the Katie A. Implementation Oversight Committee.
- Track and respond to ongoing changes in model as directed by the State.

Katie A. Implementation Oversight Committee

Purpose: Assumes responsibility for overall operational oversight with respect to implementing, managing, and monitoring the Katie A. Settlement Agreement.

Tasks:

- Provide oversight regarding objectives as outlined in the Service Delivery Plan.
- Determine and provide oversight regarding objectives as outlined in the Core Practice Model Guide.
- Oversee and track data required for outcome reporting.
- Identify and attend to ongoing implementation challenges as they arise.
- Provide recommendations for ongoing training needs of staff to the Katie A. Training Sub-Committee.
- Provide recommendations and specific objectives to Katie A. Steering Committee.
- Provide recommendations to Partners for Safe and Healthy Children and Transitional Aged Youth.
- Provide updates at Partners for Safe and Healthy Children meetings.
- Oversee communication strategies.

Stakeholder Committee

Purpose: Plans strategies to engage diverse stakeholders, inclusive of youth and caregivers, for system improvement efforts.

Tasks:

- Identify stakeholders impacted by Katie A. Settlement Agreement.
- Develop strategies focused on how Core Practice Model Guide principals are communicated and integrated with internal and external child welfare and mental health serving agencies.
- Develop recruitment strategies to engage youth and families in system quality improvement efforts.
- Implement strategies ensuring youth and caregivers are consistently in leadership roles demonstrated by their membership on relevant committees.
- Provide stakeholder feedback and recommendations to Katie A. Steering Committee.

Training Committee

Purpose: Assumes responsibility for identifying and planning for training needs related to adoption of practices and expectations Core Practice Model Guide and Documentation Manual.

Tasks:

- Identify training needs.
- Oversee plan development for addressing training needs.
- Oversee training implementation.
- Monitor effectiveness of training.

Child and Family Team Committee

Purpose: Plans for teaming strategies.

Tasks:

- Develop practice and protocol for teaming strategies for Katie A. Class members.
- Develop Child and Family Team practice and protocol specifically for Katie A. identified Sub-class members.
- Monitor quality and effectiveness of teaming practices.
- Address challenges of teaming strategies and Child and Family Teams.
- Make recommendations to Katie A. Steering Committee.

Katie A. Workgroup

Purpose: Convenes specifically to address an identified need and make recommends to Katie A. Steering Committee.

Tasks: Membership and responsibilities to be determined to meet needs as they are identified.

**Katie A. Semi-Annual Progress Report
(May 15-Aug. 31, 2013)**

San Mateo County
Service Delivery Plan
Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)

I. Needs Assessment:

A. *Subclass Analysis: Identification of Sub-class members.*

The Mental Health Screening Tool (MHST) has been adopted by San Mateo County CFS for use to screen children and youth for mental health conditions. Children and Family Services (CFS) and Behavioral Health and Recovery Services (BHRS) worked collaboratively to make minor changes to the tool ensuring the tool met local need while maintaining the integrity of the tool. During MHST training, CFS staff provided feedback that improved the usability of the tool. For example, the tool has been formatted so that it can be uploaded and completed electronically from the CWS/CMS system.

Final changes to the MHST will be made so that the tool can be uploaded into the CWS/CMS prior to the anticipated roll out date of September 16, 2013. Given that CFS Social Workers and Supervisors still need coaching on the Katie A. CWS/CMS application and the documentation requirements, a phased approach beginning with initial mental health screening for all new referrals to CFS at intake is planned. It is anticipated that all continuing CFS staff will be trained on the CWS/CMS application and the MHST tool protocol will be fully implemented agency wide by December 30, 2013. In addition to initial opening to CFS, CFS Social Workers will be responsible to ensure the MHST tool is administered after a 24-hour psychiatric hospitalization, after 2 placement changes, if a child is placed in a group home of 10 or above, and in preparation for court reviews.

If the MHST indicates the need for a comprehensive mental health assessment, a referral to BHRS will be made. This previously established protocol will remain the same with the addition that the BHRS program for transitional aged youth has been folded into the referral triage management.

309 BHRS and CFS staff was trained on the Core Practice Model Guide (CPM). Additionally 198 BHRS staff was trained on the Documentation Manual (DM) and 159 CFS staff was trained on the MHST (0-5) and (6-20). Full day cross-training sessions were held for supervisors and managers on July 24 and 31, 2013. Full day cross-training sessions were held on Aug. 8, 13, 14 and Sept 10 and 11, 2013.

San Mateo County has finalized and adopted an Eligibility Determination form for the identification and tracking of the subclass. Further, both CFS and BHRS have developed a process for tracking subclass children and youth. Initial training will be completed by mid-September, and ongoing coaching will continue to improve our

ability to identify and track subclass youth. BHRS will begin implementation of the Eligibility Determination form will begin in September 2013.

CFS and BHRS are planning a collaborative work group to monitor, facilitate and track all foster care referrals as well as referrals/services for subclass members.

B. Existing Services to subclass: See Cover Page Enclosure 1

II. Direct Delivery of Services – See Cover Page Enclosure 1

III. Gap Analysis:

The challenges regarding capacity will be alleviated given the anticipated adoption of the FY 2013 to 2014 budget. San Mateo County's Measure A funding combined with CFS funding has made it possible for BHRS and CFS to hire additional staff to assist with staffing capacity. This will help alleviate the specific need for services for the 0-5 population and support ability to identify and serve subclass members.

IV. Services Capacity Assessment – See Enclosure 2

V. Stakeholder Involvement:

Internal and external stakeholders have been identified and a Stakeholder Committee has been established.

Accomplishments for current reporting period:

- Blue Ribbon Committee on Foster Care convened and was informed about the Katie A. Settlement Agreement. The Committee had opportunity to provide feedback for consideration.
- Children and Youth System of Care (CYSOC) meeting, "Katie A" is a standing agenda item at every meeting (2x mo).
- Edgewood Kinship Care convened 6 focus groups beginning August 2013. The intent of the focus groups was to communicate regarding the CPM, and to gain initial feedback from Kinship parents regarding their experience with CFS and BHRS services.
- CFS Policy Team convenes 2x/month where Katie A. is a standing agenda item.
- BHRS Youth Policy team convenes 2x/month and Katie A. is a standing agenda item.
- California Youth Connection Board has agreed to convene a focus group to gather youth feedback. The Board has developed the questions that will be asked, and anticipates planning an event for fall 2013.

Attachment # 3

- Structured Focus Group was convened with Therapeutic Foster Care caregivers to introduce CPM goal of engagement and to gain their perspective and feedback regarding their CFS and BHRS experiences.

Future goals:

- Convene structured focus groups with child welfare involved parents.
- Convene youth focus group with California Youth Connection in the lead.
- Evaluate feedback gathered from focus groups and implement into quality system improvement and training planning.

**Mental Health Screening and Assessment
Referral Process for
Open Child Welfare Cases Under Katie A.
(Voluntary Services, Investigations, Family Maintenance, Family Reunification,
AB 12, Adoption, Long Term Foster Care)**

MENTAL HEALTH SCREENING

Who administers Mental Health Screening Tool?

1. **Primary San Mateo County Children & Family Services (CFS) Social Worker (SW) administers or coordinates completion of Mental Health Screening Tool (MHST) to determine if referral to Behavioral Health and Recovery Services (BHRS) is indicated.**
 - a. **Primary SW may coordinate with CFS Psychiatric Social Workers (PSW), CFS SW Interns or Health Public Health Nurses (PHN) to determine who will complete the MHST.**
 - b. **Identified screener completing the MHST will populate the MHST from Child Welfare Services/Case Management System (CWS/CMS). MHST can be uploaded from the Create New Document-Client/County Templates.**
 - **Select Associated Case**
 - **Select “Blue” box**
 - **Select the + found under Open Existing Document icon.**
 - **Select “County”**
 - **Scroll down to Mental Health Screening Tool (0-5) OR (6-20)**
 - c. **The completed MHST hard copy will be submitted to Primary SW if indicated within 2 business days of completion.**
 - d. **CFS staff person will indicate source of information in comments section of MHST. Information to complete the MHST can be obtained from the following sources:**
 - **Collateral interviews with children and youth, caregivers, parents, and professional providers;**
 - **Interview with child and/or youth; and/or**
 - **Record reviews.**
 - e. **Primary SW will update the CWS/CMS “Screening” section found in Health notebook within 2 business days of completion/receipt.**
 - **Select Associated Case**
 - **Select “Blue” Box**
 - **Select “Open Existing Health”**
 - **Select “Screening” page**

2. CWS/CMS data elements include:
 - Screenings: Date, Type, Screened By, Results
 - Referrals: Date, Referral Type, Referred To, Outcome of Referral, Outcome Date, Consent Type, Date Consent on File
 - Intervention Plan: Start date, Mental Health Plan Type, End Reason, End Date
 - Plan Detail: Start date, Recommended Intervention Choices, End date
3. Primary SW will update court report in the Mental and Emotional Health Status section to indicate date and disposition of MHST results.

What about infants and children 0-5 years old?

4. For all infants and children 0-5, Primary SW makes referral to BHRS within 2 business days of case opening.
 - a. Primary SW submits CS 180 to BHRS-Referrals@smcgov.org and CFS-MH-Services-Coordination@co.sanmateo.ca.us and CLim@smchsa.org.
 - Primary SW writes in subject line of the e-mail referral the family's last name and the ages of the children and youth (e.g. Smith, 7, 3, 2)
 - If referral is for "court-ordered crisis counseling, Primary Social Worker flags the referral in the following manner; (e.g. Crisis-Smith, 7, 3, 2)
 - b. MHST to be administered per established per timeframes (item #5b).
 - c. BHRS triage/assessment will begin when all supporting documents are provided. Incomplete referral packets will be returned to the Primary SW.
 - Primary SW scans and attaches all of the following referral documents with referral to BHRS-Referrals@smcgov.org and BHRS-Referrals@smcgov.org (CFS Administrative Secretary) and CFS-MH-Services-Coordination@co.sanmateo.ca.us:
 - CS 27 – Medical Consent;
 - CS 430 – HIPPA;
 - Voluntary Service Agreement;
 - Voluntary Investigation Narrative
 - Recent Court Reports/Attachments
 - Court Orders;
 - Case Plan;
 - Police reports;
 - Psychological evaluations;
 - MHST if indicated

When is Mental Health Screening Tool administered?

5. MHST will be administered within 2 business days of case opening (i.e. initial detention/voluntary case determination).
 - a. The MHST will not be administered if: 1) the child or youth is determined by the Primary SW to be currently receiving mental health services, and/or 2) the child is 0 up to 6 years of age and is a new CFS case. In these situations the following procedure will be followed:
 - Primary SW updates in “Screening” section of CWS/CMS that referral for a mental health assessment has been made or child/youth is currently receiving services found under “Type”
 - Primary SW updates in Mental and Emotional Health section of Court Report.
 - Primary SW informs PHN if indicated per established protocol.
 - PHN updates in appropriate section of Health and Education Passport.
 - b. For youth and young adults 6 up to 21 years of age administer MHST upon opening to child welfare and
 - After Psychiatric Hospitalization of 24 hours or more;
 - Within 5 months of most recently completed MHST; and/or for court reviews;
 - In group home placement, Level 10 or above;
 - After two placement changes.
 - c. Primary SW completes Placement Change/Termination Worksheet CS 112a specifying clearly if placement change was due to
 - “Child’s Behavior”
 - “Committed to State Hospital”
 - Note that if Foster Home/Agency requested termination of placement due to a behavior, select “Child’s Behavior”

What happens with completed MHST?

6. Mental Health Screening and Referral Protocol for Youth ages 6 years up to age 21:
 - a. If MHST does not indicate need for referral to BHRS for assessment:
 - Primary SW updates the CWS/CMS (1e)
 - Primary SW to be responsible for re-administration of MHST per established timeframes (Item #3b).
 - Primary SW updates court documents in the Mental and Emotional Health Status section for each child to indicate disposition and date the MHST was administered.

b. If MHST indicates need for referral to BHRS for assessment:

- Primary SW fully completes CS-180 form and submits completed CS-180, MHST, and all supporting documents to BHRS-Referrals@smcgov.org, CLim@smchsa.org and CFS-MH-Services-Coordination@co.sanmateo.ca.us (see item #2c).
- Primary SW updates CWS/CMS
- Re-administer MHST per established timeframes (item #3b).

MENTAL HEALTH ASSESSMENT

(Note: BHRS triage/assessment will begin when all referral documents (#2b) are provided. Incomplete referral packets will be returned to Primary SW)

How does mental health assessment process work?

7. Once all referral documents are submitted, BHRS unit triages and directs referral to appropriate MH provider for assessment.
 - a. Based upon review of service history and current circumstances, sub-class eligibility shall be determined as quickly as possible, so that services to sub-class members commence as soon as possible.
 - 0-5 y.o. referrals will go to the Partners for Safe and Healthy Children (Partners) unit and processed per established protocol.
 - 6-17 y.o. referrals will be processed and triaged by the Child Welfare Mental Health (CWMH) unit. Assessment could be completed by provider in a regional clinic or a provider w/in the Edgewood/StarVista Collaborative.
 - 18-21 (i.e. under 21 years of age) referrals will be processed and triaged by the Youth Case Management unit. Assessment could be assigned to a provider in a regional clinic, the Young Adult Team (YAT), or ACCESS.
 - b. Partners/CWMH will notify Primary SW, CFS-MH-Services Coordination, and any current MH services provider, if applicable, of disposition by completing the “Mental Health Follow-Up Response” section at the bottom of the MHST and submitting the completed form to the aforementioned parties electronically.
 - One of three notifications will be made: 1) youth is immediately found to be eligible in the sub-class; or 2) youth is immediately found to be a general class member; or 3) youth will be assigned for a MH assessment to determine eligibility.
 - If immediate eligibility in the sub-class is determined upon initial submission of the MHST to the appropriate BHRS unit the Katie A. Eligibility Determination form will be completed by the Program Specialist/Supervisor and forwarded right away to Doreen Avery of MIS and to the Supervisor of the Care Coordinator (CCP) currently delivering services.

8. Assessment Process

- Upon commencement of the assessment, the assigned MH assessor will contact family to obtain any other necessary paperwork to proceed with opening up assessment episode and will schedule appointments. Assessment will proceed according to County Medi-Cal timelines.
- Upon completion of assessment, MH assessor will complete the “Katie A. Eligibility Determination” form, submit completed form to direct supervisor, and then forward approved form electronically to Doreen Avery of MIS.
- MH assessor will contact Primary SW to inform him/her that assessment has been completed and of assessment outcome.
- Primary SW will update CWS/CMS in “Screening” section.
- Primary SW will inform PHN per established protocol.
- PHN will update Health and Education passport per established protocol.

What about Katie A. Class and Sub-class?

9. Katie A. Class vs. Sub-class Eligibility

- a. If eligibility criteria are met for the sub-class, then BHRS will identify an Intensive Case Coordinator (ICC).
 - MH assessor will notify BHRS Supervisor of assessment outcome.
 - The ICC will coordinate with Primary SW to commence with service planning and confirm who will take the lead on scheduling the Child and Family Team (CFT), arranging for a Family Conferencing Facilitator, and ensuring that the CFT service plan is reviewed every 90 days.
- b. If eligibility criteria are not met for the sub-class, but client is Medi-Cal eligible for County BHRS services, MH assessor will notify Primary SW and appropriate Partners/CWMH unit Program Specialist and current protocol will be followed to link client with appropriate level of care in the regional community clinics or within the network.
- c. If MH assessment determines that eligibility criteria are not met for either the sub- class or general class, MH provider completing the assessment notifies Primary SW and BHRS Supervisor of assessment outcome.
- d. Primary SW updates “Screening” Section in CWS/CMS, indicating outcome of assessment and/or services planned.

10. If the status of class vs. sub-class eligibility changes at any point during service provision, then:

- The ICC (e.g. MH services Care Coordinator/CCP) will complete new Katie A. Eligibility Det. Form and submit completed form to direct supervisor for review and authorization, and forward approved form electronically to Doreen Avery of MIS.

- MH assessor will contact Primary Social Worker to inform him/her that assessment has been completed and of assessment outcome.
- If the status changes to sub-class, BHRS will log into appropriate tracking system so that sub-class services can be initiated and established protocol (#7a) is initiated.
- If status changes out of subclass, established protocol (#7b) is initiated.
- BHRS services will be coded utilizing Katie A. codes for the sub-class so they are properly documented and billed for. Conversely, if the child or youth no longer meets sub-class edibility, these aforementioned codes will no longer be utilized.
- Primary SW will update CWS/CMS to indicate new services initiated.

What happens when child welfare case closes?

11. If CFS case is dismissed and thereby Medi-Cal eligibility is lost:
- MH provider will determine if provision of MH services continues to be appropriate and will work with youth’s family to explore other insurance other insurance options and/or link them with Medi-Cal outreach/eligibility through BHRS.
 - Primary SW updates “Screening” Section in CWS/CMS, indicating outcome of assessment and/or services planned.

ACRONOMYS	
BHRS	Behavioral Health and Recovery Services
CCP	Care Coordinator
CFS	Children and Family Services
CFT	Child and Family Team
CWMH	Child Welfare Mental Health
CWS/CMS	Child Welfare Services/Case Management System
ICC	Intensive Care Coordinator
MHST	Mental Health Screening Tool
Partners	Partners for Safe and Healthy Children
PSW	Psychiatric Social Worker
HN	Public Health Nurse
SW	CFS Social Worker
YAT	Young Adult Team