

# Katie A. Semi-Annual Progress Report Cover Page

Reports are due April 1<sup>st</sup> and October 1<sup>st</sup> 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](mailto:KatieA@dhcs.ca.gov), and the California Department of Social Services at: [KatieA@dss.ca.gov](mailto:KatieA@dss.ca.gov). Reports are due on April 1<sup>st</sup> and October 1<sup>st</sup> of each year.

County: Santa Cruz

Date: 10/18/13

Name and Contact Information County Child Welfare Department Representative					
Name:	Judy Yokel				
Title:	Division Director				
County:	Santa Cruz				
Agency Name:	Family and Children's Services				
Address:	1400 Emeline Avenue				
City:	Santa Cruz	State:	CA	Zip Code:	95060
Phone:	831-454-4062	E-mail:	Judy.Yokel@hsd.co.santa-cruz.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Dane Cervine				
Title:	Chief of Children's Mental Health				
County:	Santa Cruz				
Agency Name:	Santa Cruz County Mental Health/Substance Abuse				
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City:	Santa Cruz	State:	CA	Zip Code:	95060
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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: Santa Cruz

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).	13	
2	Receiving Intensive Care Coordination (ICC).	0	
3	Receiving Intensive Home Based Services (IHBS).	3	
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>	0	
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>	10	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	0	
7	Not receiving SMHS.	0	
8	Declined ICC or IHBS.	0	

County: Santa Cruz

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	45+	<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"> <li>1. newly identified children/youth and</li> <li>2. children/youth identified in Part A, Items 4, 5, 6, 7, and 8 as medically necessary</li> </ol> <p>As of September 1, 2013 approximately 200 children/youth were reviewed for possible Katie A sub-class status. Of these children/youth, 45 were identified as probable Katie A. sub-class members to be fully engaged as soon as possible (after final Mental Health review, including Cal-LOCUS administration; plus the hiring of new staff).</p> <p>As described in the initial Service Delivery Plan, Santa Cruz County Children’s Mental Health (CMH) and Family and Children’s Services (FCS - Child Welfare) already have a high degree of linkage to services (94% of foster children) in order to assess and meet the mental health needs of children/youth in foster care. In addition to the processes outlined in that document, the following processes were/are conducted to ensure that each eligible child is identified and has access to Katie A. services:</p> <ol style="list-style-type: none"> <li>1. A review of the entire Child Welfare population was conducted against the criteria set forth in the settlement; children who met any of the criteria were identified and reviewed for clinical need by both CMH and FCS staff on the line, supervisory and management level.</li> <li>2. Each week all new children who enter Child Welfare are reviewed for any potential mental health needs by FCS staff and then that information is forwarded to CMH.</li> <li>3. Each month CMH and FCS supervisors and managers meet to review the list of potential Katie A. service recipients, identify what mental health services the child/youth currently receives, and assesses whether or not each child should be considered for inclusion in the sub-class at that time. In addition to reviewing children/youth new to the Child Welfare system, both CMH and FCS have the ability to bring a child/youth to the attention of the group for reconsideration of clinical need as per Katie A.</li> <li>4. Those identified are being administered the Cal-LOCUS by CMH in order to determine medical necessity and clinical need.</li> </ol> <p>Each child in the subclass will be the recipient of a Child/Family Team meeting, including the Mental Health Client Specialist, the Child Welfare Social Worker and the family. These initial meetings will allow the group to identify specific Wraparound and therapeutic services designed to assist the child/youth in meeting their goals.</p> <p>As of September 2013, approximately 3 formal CFT meetings have been held, with many more to come as new staff are hired and families scheduled. NOTE: **There is a state barrier to billing ICC/IHBS for Katie A services to identified group home youth. Until this issue is resolved at the state level, Santa Cruz County intends to continue providing regular specialty mental health services to these youth in an effort to avoid an adverse impact to them. They will receive the Katie A "flag" in Mental Health's billing system as appropriate, but services will be billed as intensive field-based specialty mental health services rather than utilizing the technical ICC/IHBS codes.</p>
2	IHBS	45+	<p>As of September 2013, approximately 3 formal CFT meetings have been held, with many more to come as new staff are hired and families scheduled. NOTE: **There is a state barrier to billing ICC/IHBS for Katie A services to identified group home youth. Until this issue is resolved at the state level, Santa Cruz County intends to continue providing regular specialty mental health services to these youth in an effort to avoid an adverse impact to them. They will receive the Katie A "flag" in Mental Health's billing system as appropriate, but services will be billed as intensive field-based specialty mental health services rather than utilizing the technical ICC/IHBS codes.</p>

County: Santa Cruz

Reporting Period: 5/15 - 8/31/13

Date Completed: 10/18/13

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><b>Agency Leadership</b> <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<p>Santa Cruz County has continued to have a high level of leadership involvement and oversight in our broader Child Welfare/Mental Health partnership, including the new Katie A planning and implementation process. We have joined the Katie A Learning Collaborative and look forward to being a part of state and regional activities.</p>	<p>N</p>
<p><b>Systems and Interagency Collaboration</b> <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Our Katie A leadership group (including directors, managers, supervisors) have been meeting monthly to oversee all aspects of Katie A preparation and implementation. In addition, supervisor sub-groups have been meeting extensively to set up screening, referral and tracking processes for Katie A; training Mental Health and Child Welfare staff in Wraparound process, tailoring it to the Katie A Child &amp; Family Team process. Mental Health administrative staff have been working to set-up and fine-tune data and billing procedures.</p>	<p>N</p>
<p><b>Systems Capacity</b> <i>The collective strength of administrative structures, workforce capacity, staff skills &amp; abilities, and operating resources.</i></p>	<p>In general, administrative structures in and between both agencies are strong (though like many counties we have had to work extensively with the Mental Health billing vendor to ensure Katie A billing code adaptations). However, Mental Health has a number of clinical vacancies we are still in the process of filling to ensure adequate workforce capacity; this should be in place by end of the calendar year.</p>	<p>N</p>
<p><b>Service Array</b> <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>Santa Cruz County Mental Health/Substance Abuse has a long history of providing screening, assessment and treatment to most foster children/youth (EQRO data shows 94% access). Services are modeled on an intensive treatment/case management approach, supplemented by specific EBP’s such as Triple P; additional support services include general staff training in Trauma-Informed services, HearthMath, EMDR, dual-diagnosis assessment/treatment for AOD/MH, and others. Wraparound process is being used as base model for new Child/Family Team services and process.</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	The broader array of services in our CMH/FCS continuum include a 0-5 Neuro-developmental clinic for referred young foster children (operated in conjunction with Stanford); a transitional residential facility for foster youth; a therapeutic visitation/counseling program; and transition-age youth independent living skills and supported housing program with mental health supports for foster youth.	
<b>Involvement of Children, Youth &amp; Family</b> <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	The specific sub-item we self-rated at "1" in the initial survey was the degree to which families are involved in measuring quality indicators of services and programs. Upon further reflection, we are listing this sub-item as a "2" since we are clearly in a development mode in this area. For instance, the Child Welfare System Improvement Planning (SIP) process has full participation on the committee from foster parent representatives (with open spots for bio-parents) that review and help develop all SIP measures, which are quite extensive and now include Katie A services. In addition, as the Child/Family Team process is more fully implemented, the Wraparound Fidelity Index will be utilized to help measure fidelity to the Core Practice Model. We also hope to expand Family Partnership peer services to more Katie A families in the new fiscal year, as well as better link with our existing California Youth Connection (CYC) chapter regarding Katie A services.	N
<b>Cultural Responsiveness</b> <i>Agency ability to work effectively in cross-cultural settings.</i>	Hiring new Mental Health clinicians with bilingual Spanish/English capacity is underway, and will be ongoing. Staff have access to our Bilingual Clinician Support Group, the agency resources of our Cultural Competence Coordinator, as well as a broad array of good culturally relevant trainings.	N
<b>Outcomes and Evaluation</b> <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	Our general outcome and evaluation capacity is well-developed. Mental Health has just published our 23 Year interagency System of Care report, which includes clinical data (CBCL, Ohio Scales, Satisfaction Surveys) as well as Child Welfare placement monitoring and outcomes data (reflected also in the local CWS System Improvement Planning process). However, we will continue to develop, review and fine-tune Katie A specific data and outcomes as we go along.	N
<b>Fiscal Resources</b> <i>How fiscal policies, practices, and expertise support family-centered services.</i>	Santa Cruz County's long-standing experience in cross-agency leveraged funding continues to support a robust and diverse range of supports for foster children/youth and families. Child Welfare invests match funds with Mental Health to help expand EPSDT Medi-Cal services for specialized programs (eg., 0-5 Neuro-developmental clinic in conjunction with Stanford; THP/ILP Transition age youth supports, among others)	N