

# 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.

<b>County:</b>	<b>Ventura</b>	<b>Date:</b>	<b>October 8, 2013</b>
----------------	----------------	--------------	------------------------

Name and Contact Information County Child Welfare Department Representative					
Name:	David Swanson Hollinger				
Title:	Senior Program Manager				
County:	Ventura				
Agency Name:	Human Services Agency, Children and Family Services Department				
Address:	855 Partridge				
City:	Ventura	State:	CA	Zip Code:	93003
Phone:	805-477-5448	E-mail:	David.SwansonHollinger@ventura.org		

Name and Contact Information County Mental Health Department Representative					
Name:	Meredyth Leafman				
Title:	Katie A Program Manager				
County:	Ventura				
Agency Name:	Health Care Agency, Behavioral Health Department				
Address:	1911 Williams, Su 200				
City:	Oxnard	State:	CA	Zip Code:	93036
Phone:	805-981-8496	E-mail:	Meredyth.Leafman@ventura.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:			

<b>County:</b>	Ventura	<b>Date:</b>	October 18, 2013
<b>PART A: Services Provided at Any Point Within the Reporting Period</b>			
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).	<p>182 Screened as subclass eligible and served by BHD</p> <p>259 Estimated as subclass eligible but not yet served by BHD or formally screened for subclass</p> <p>Total estimate of subclass members = 441</p>	<p>This was determined by:</p> <ol style="list-style-type: none"> <li>1. Sharing of information to generate a list of all children that were enrolled in both systems (BHD and CFS) during the reporting period. conducting a subclass eligibility screening</li> <li>2. In order to determine subclass eligibility of those shared children: <ul style="list-style-type: none"> <li>o BHD screened for subclass eligibility based on information in the BHD data system,</li> <li>o Those who were not screened in were then reviewed by CFS, for the eligibility criteria available in CWS/CMS.</li> </ul> </li> <li>3. For those 784 children in the CFS system not served by BHD, a random sample of 86 children were selected (90% confidence level) and screened by CFS for CW subclass criteria. While recognizing that a full mental health assessment is necessary to determine medical necessity, for planning purposes we assumed that those children meeting CW subclass criteria would also meet medical necessity.</li> <li>4. We found that 33% of the sample met subclass criteria and we applied that percentage to the 784 children to estimate those likely eligible for subclass. (259 children)</li> </ol>

			5. We added the numbers estimated through the random sample/screening to those served by BHD and screened as subclass eligible to determine the total reported.
2	Receiving Intensive Care Coordination (ICC).	9	In July 2013, we implemented an early implementation pilot and began providing ICC and IHBS services on a limited basis. This pilot has been an opportunity for BHD clinicians and CFS social workers to implement core practice model elements and provide feedback to the Planning Team. The pilot was implemented by the Child Welfare Subsystem (CSW), a BHD program dedicated to providing mental health services to CFS children. Following the reporting period, the provision of core practice model services including ICC and IHBS to subclass members has been expanded to all children served by the BHD CWS.
3	Receiving Intensive Home Based Services (IHBS).	5	
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>	22	
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>	17	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	288	This number includes an estimate, based on the sample described above, of those currently served by CW but not by BHD who are receiving mental health services outside the Ventura County BHD system.

7	Not receiving SMHS.	105	Estimated as subclass eligible but not yet receiving mental health services or formally screened for subclass
8	Declined ICC or IHBS.	0	Ventura County had not been tracking this data, as it had not been previously requested. It will be tracked for future reports.

<b>County:</b>	Ventura	<b>Date:</b>	
<b>PART B: Projected Services</b>			
<b>Item #</b>	<b>Service</b>	<b>Projected number of subclass members to be served by 4/1/14</b>	<b>Strategy/Timeline Description</b>
1	ICC	441	<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>
2	IHBS	<p>IHBS will be offered to the 441 subclass members for whom it is clinically indicated.</p>	<p>We anticipate that all subclass eligible children will be offered ICC and, for those in which it is indicated, offered IHBS by 4/1/14. This includes those currently served by VCBH and not receiving ICC/IHBS, those in the CW system but not receiving mental health services, and those children who newly enter the CW system and are subclass eligible.</p> <p>On October 31, we are holding a collaborative integrated services/Katie A training of CFS social workers and BHD clinicians. This will be followed by a documentation training for mental health providers focusing on ICC and IHBS. Following these two trainings, we will begin implementing the delivery of ICC for all children screened as subclass eligible and will offer IHBS services to subclass members where clinically indicated (presenting with moderate to extremely severe symptoms on a level of care screening tool. (These are functional impairments on the Ohio Scales).</p> <p>The majority of those children served by BHD that were screened for subclass, were identified as subclass eligible after the close of the reporting period. However, they were enrolled in BHD and receiving specialty mental health services during the reporting period.</p> <p>Plans are in place to transition all CFS children served by BHD into the BHD CWS program, a program dedicated to providing mental health services to children in the child welfare system. Once this transition is completed, these children will also be offered ICC and IHBS.</p> <p>We are continuing to collaboratively plan a comprehensive implementation/expansion. At present we are preparing a resource request to the Ventura County Board of Supervisors for the end of the year. The request will outline the additional resources necessary to continue expansion of an integrated system of care.</p>

			<p>All CFS children who are receiving MH Services will be rescreened for subclass eligibility in January 2014, and those additional subclass members identified will begin receiving IHBS and ICC. We are also developing a plan to screen for subclass eligibility all those children who are currently in the CW system but not receiving mental health services. Implementation is expected over the next several months.</p> <p>Plans are underway to begin a pilot FOS-STAR team, creating a single point of entry into our VCBH CWS program for class and subclass children. Those newly identified as subclass will begin receiving ICC and IHBS as well as other specialty mental health services.</p> <p>The majority of those children served by BHD that were screened for subclass, were identified as subclass eligible after the close of the reporting period. However, they were enrolled in BHD and receiving specialty mental health services during the reporting period.</p> <p>As part of our determination of those potentially appropriate for IHBS, we will utilize a level of care tool that measures symptoms and functioning to predict service intensity for all CW children served by BHD. IHBS would be recommended for children with moderate to extremely severe symptoms.</p>
--	--	--	--

County: Ventura Reporting Period: May 15 – Aug 31, 2013 Date Completed: October 18, 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><b>Agency Leadership</b>  <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<p>Ventura County has established a collaborative infrastructure that includes shared leadership and accountability and includes representatives from both Child Welfare (CW) and the Behavioral Health Department (BHD) on all levels. Both agencies have designated management level project managers to provide leadership and oversight for Katie A program design and implementation. This shared collaborative leadership practice has been implemented across all aspects of program implementation. An organizational structure has been developed collaboratively in order to promote a shared vision and an integration of design elements and services. This has been operationalized by workgroups that include representatives from CW, BHD, and other community agencies. The workgroups meet regularly, are designing programmatic aspects of the rollout and feed into a Program Committee which insures coordination of workgroup efforts. Workgroup co-chairs attend and report to the Program Committee, which in turn reports to a Steering Committee, composed of chairs from the Program, Fiscal and Data Committees. The Steering Committee is responsible for implementation oversight, coordination, priority setting, communication and making recommendations to the Executive Committee. The Executive Committee is composed of executive level administrators from each of the agencies, as well as representatives from County Counsel, the CEO’s office and Probation. Please see attached</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<p>organizational chart. The leadership structure and organization structure is key in implementing a culture shift towards shared responsibility, collaboration, and dedication to the well-being of children. We are also implementing a stakeholder process through the establishment of focus groups which will include family members, youth, foster families and other community partners. Additionally, BHD has fully implemented Wellness and Recovery principles that are client-centered and client-driven into its service array, and these principles will be integrated into the Core Practice Model.</p>	
<p><b>Systems and Interagency Collaboration</b>  <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Both agencies hold the belief that interagency training will promote a culture shift to ensure an effective Katie A implementation in Ventura County. Workplans for each of the committees and workgroups identify both training and policy and procedure needs related to Katie A implementation. We have completed two trainings in which staff of both agencies have been co-trained and educated about the Katie A mandate. The second training was the first in a series on trauma informed care, focusing upon self-care for providers (both BHD and CW). The Program Committee is also designing a third co-facilitated training for staff from both agencies and CBO's. Integral to this training will be the Core Practice Model (CPM) and mutual ways of engaging and educating families, operations and mandates of Child Welfare and Behavioral Health.</p> <p>The various workgroups and committees are each addressing elements to promote interagency collaboration in services. The Program Committee is responsible for developing an integrated and seamless array of services, beginning with identification of target children and families. The Data Committee has established a means of sharing information to identify class and subclass members. We have collaborated in the screening and identification of subclass eligibility of children currently served by both CFS and BHD. Further, we have integrated four CW subclass screening elements on the MH Screening tool, in order to provide early identification of subclass members. Together CW and BHD are beginning to examine how to collaboratively analyze outcome and process data. Issues regarding Confidentiality are being addressed by the Sharing of Information Workgroup, and Ventura County has executed a memorandum of understanding between CW and BHD for the sharing of information for children entering the CW system. The Early Implementation Workgroup provides opportunity to not only implement new approaches, but also to</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<p>evaluate and provide a feedback loop for continued development and implementation, which also envisions co-location of BHD staff at CW locations. Finally, BHD is utilizing its successful experience working collaboratively with children and families in the provision of Therapeutic Behavioral Services (TBS), in our development and implementation of IHBS.</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>CW and BHD have developed tools and a process for screening both current CW children and incoming children in the CW system for possible mental health needs and for subclass criteria. BHD, in collaboration with CW, is developing a process for prioritizing the mental health assessment of children who meet CW subclass criteria. BHD has an established specialized Screening, Triage, Assessment and Referral (STAR) team dedicated to assessment for MH services. A small specialized sub-set of the STAR team will likely be co-located at CW sites and provide mental health assessments for foster youth and their biological parents coming into the system. We believe that in order to ensure child well being, we must treat the whole family, ensuring provision of mental health and alcohol and drug services for both foster children and their biological parents. BHD and its contracted mental health providers are currently serving about 1/3 of the children in the CW system. BHD has an established Child Welfare Subsystem (CWS) dedicated to providing in-home mental health services to foster children, serving about half of the foster children in the BHD system. Plans are underway to expand the CWS system as well as contracted providers to include all children in the other clinical programs in the BH system. This will include services specifically tailored to children 0-5. A functional assessment screening tool will also be implemented in order to estimate level of care.</p> <p>Through the planning process, Ventura County is also assessing gaps in the system of care for those already receiving mental health services, as well as determining the capacity needs for those youth and families not yet served collaboratively. In order to assess capacity needs for both CW and BHD, CW has screened for subclass a random sample of the children in the CW not currently served by BHD. Through this analysis, we are determining the level of resources needed by both the BH and CW to provide integrated care consistent with the core practice model. The capacity assessment considers expansion and/or modification of both directly operated and contracted services. Additionally, one of the areas identified as high need is the zero to five population for whom we have not provided specialized services</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<p>in the past. This will become a priority area for development. As described in the previous section, training of staff is being developed and executed which will provide staff across both systems with the foundation to implement integrated services.</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>The Program Committee and its workgroups are assessing current programming, completing gap analyses, and developing new as well as enhancing current services to address services. These include programming for the zero to five population, development of IHBS, ICC services, and enhancing support services for parents, include the use of evidenced based parenting practices. Planning includes the development of a continuum of services from those who do not meet medical necessity through subclass members. We are considering integrative community based services provided in co-located sites, including incorporating natural and community supports into services. This may include integrating wellness and recovery principles and programming into services, providing families with additional non-traditional tools. Trauma informed practices and training will be incorporated into the service delivery across all systems.</p> <p>BHD provides a continuum of mental health services and supports across the lifespan, which includes a comprehensive MH program specifically dedicated to serving 18-25 year old Transitional Aged Youth (TAY). Integrated into this programming are services that address developmental needs as well as mental health needs, and including tracking if clients are current/former foster youth. In light of AB12, increased collaboration with CW is warranted for the TAY population.</p>	<p>N</p>
<p><b>Involvement of Children, Youth &amp; Family</b>  <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>The values integrated into services through the Mental Health Services Act (MHSA) are congruent with the CPM and facilitate the implementation of the CPM in both systems. CW and BHD are committed to the development and implementation of conjoint, co-facilitated trainings for both agencies, with the knowledge that we are fostering collaboration even as we train together. To date, there have been two conjoint trainings of CW and BHD staff on the CPM and trauma stewardship. BHD and CW have collaboratively developed a third conjoint training on CPM, which includes practice elements, youth and family driven services and trauma informed care. The training focuses upon how to engage families utilizing CPM elements and teaching families CPM. Together BHD and CW recognizes that the shift in</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<p>culture includes a change in the way CW and BHD work together, as well as shifting the culture in which CW engages families. Our collaborative trainings focus on this shift in culture. We are also beginning work with an expert in services to children 0-3 years old to develop a comprehensive training for CW and BHD which includes engagement with foster families, early childhood development, trauma informed care, and attachment.</p> <p>As we implement the Katie A stakeholder process, we are giving families an opportunity to share feedback on the quality and effectiveness of current services as well as proposed changes in our services. We are scheduled to present an overview of Katie A and the initial planned changes to our systems at the Partnership for Safe Families and Communities, a network of public and private agencies focusing on services for children and families. We are also scheduling focus groups with families, youth, foster parents and CBO's. These focus groups will provide forums for feedback on both development and outcomes.</p>	
<p><b>Cultural Responsiveness</b>  <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>CW and BHD are building upon our existing systems to ensure that as we implement Katie A we continue to work effectively in cross-cultural settings. Plans are underway in both systems to hire additional staff that meet the cultural and linguistic needs of the population, which in Ventura County includes hiring bilingual-bicultural Spanish speaking staff. Services continue to be available in both systems in the language of the family. Current recruitment focuses upon meeting this need, although it continues to be a challenge, especially for BHD, even with a differential pay structure for bilingual staff. Cross training of CW and BHD staff scheduled for 10/31 will integrate elements of working in a cultural competent system. BHD has materials available in Spanish and CW is in the process of assessing the cultural appropriateness of their educational, informational and case planning documentation.</p> <p>CW has materials and forms in Spanish and is in the process of ensuring a consistent approach to appropriately ensuring case plans and other related documents are completed in clients' primary language.</p>	<p>N</p>
<p><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></p>	<p>The Data Committee is developing shared systems for data collection, tracking, analysis and evaluation. CW and BHD have worked collaboratively to identify those youth who are currently and potentially eligible for Katie A class and subclass, which has been essential in the development of resource projections and in beginning services. This has included development of tools for the screening of subclass, mental health needs and mental health Level of Care, which is being piloted in BHD and CW.</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<p>The Data Committee is also identifying outcome and process indicators that will be utilized to monitor and assess integrated programming. These indicators include current indicators specific to each system that will be adopted in assessing Katie A programming. For example, BHD currently utilizes satisfaction data and outcome data that measures change in functioning and symptoms in all BHD programs, including the programs that currently serve CW clients. All clients served complete this outcome/satisfaction surveys annually. Programming specifically designed to serve Katie A class and subclass members will also utilize these outcome surveys and aggregate results will be reported to the BHD Advisory Board and its subcommittees. A six-month post-service outcome survey is utilized to assess whether the gains achieved during a Therapeutic Behavioral Services (TBS) episode are sustained. Plans are underway to utilize a similar outcome survey with IHBS services. Similarly, CW will incorporate existing measures of safety, permanence and well-being in the analysis of services to class and subclass members. The Data Committee is also identifying and/or developing measures which will assess the integration of services. Furthermore, the committee is beginning development for data exchange and shared evaluation, including exploring software solutions for the establishment of integrated databases.</p>	
<p><b>Fiscal Resources</b>  <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>CW and BHD are working collaboratively in both the Program Committee and the Data Committee to assess resource needs, project subclass number, and to design a comprehensive system of care of family centered services to meet the resource needs of the Katie A class and subclass. This information will be integrated into BHD strategies, developed by the Katie A Fiscal Committee, to utilize funds from federal, state, and local sources across both the CW and BHD systems to maximize the ability to meet the needs of children and families. Representatives from both CW and BHD fiscal departments serve on the Steering Committee, which is integrating data, programming and projecting fiscal needs for services integration through CPM implementation. This will result in presentation and resources request to the Ventura County Board of Supervisors planned for late this year. This will be an opportunity to educate the Board of Supervisors about the critical importance of integrated services to children and families and about the resources needed to fully serve families in a comprehensive manner.</p>	<p>N</p>