Katie A. Semi-Annual Progress Report **Enclosure 1**

County: **Fresno** **Date: May 1, 2014**

☑ May 1st Submission (September 1st through February 28th Reporting Period)

☐ October 1st Submission (March 1st through August 31st Reporting Period)

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Katie A. Semi-Annual Progress Report

Enclosure 1

County: Fresno

Date: May 1, 2014

If your answer below is blank or zero, please provide an explanation.

PART A: Potential Subclass Members Identified During the Reporting Period			
Item #	Information Requested	Column 1 Beneficiary Count	Column 2 Next Steps/Timelines
1.	Potential Subclass Members	900	Continue to evaluate the data available in CWS/CMS and Avatar needed for reporting/Ongoing with next formal reporting in the Semi-Annual Report by October 1, 2014 for the period March 1-August 31, 2014
2.	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS	2	Continue to evaluate how this data is captured in CWS/CMS, Avatar and an independent database to insure consistent data entry/capture/Ongoing with next formal reporting in the Semi-Annual Report by October 1, 2014.
3.	Potential Subclass Members who have been referred to MHP	3	This data is currently tracked in a stand-alone database and how to incorporate in DSS and DBH information systems
4.	Potential subclass members who were unknown to the MHP during the reporting period	30	The Child Welfare Mental Health Team will review the names to determine why they are unknown to the MHP and identify strategies to insure accurate reporting/Ongoing with formal reporting by October 1.

County: Fresno Date: May 1, 2014

If your answer below is blank or zero, please provide an explanation.

PART B: Services Provided to Identified Subclass Members at Any Time During the Reporting Period			
Item #	Information Requested	Column 1 Beneficiary Count	Column 2 Next Steps/Timelines
1.	Subclass Members	171	
2.	Receiving Intensive Care Coordination (ICC).	90	Currently clients in Wraparound services are receiving ICC. Contingent with the hiring and training of the clinicians on the CWMH Team, ICC will be expanded to include children receiving TBS, crisis services and/or inpatient hospitalization/CWMH Team to be in place by June 30.
3.	Receiving Intensive Home Based Services (IHBS).	88	In-home services provided by the current vendor (CPI) and as the newly selected vendors ramp up services, the volume of IHBS will increase/timeline of July for CPI and last quarter of 2014 for newly selected vendor(s).
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. *Do not include youth already counted in 2 or 3 above.*	15	FSPs will be trained on CPM and billing requirements/3rd quarter of 2014.
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). *Do not include youth already counted in 2, 3, or 4*	70	Due to Emily Q. mandates, the County will continue to bill intensive in-home based services provided through the TBS agency as TBS. ITFC, MDTFC and Special Care Increment foster homes are pending the State regulations and guidelines for Therapeutic Foster Care/Pending State guidelines and impact of requirements to DSS and the MHP.
6.	Receiving mental health services not reported in 2, 3, 4, & 5 above (include children who are receiving mental health services outside of the Medi-Cal mental health system, i.e. services paid for by private insurance or other sources).	0 or 1	The CWMH Team will review services to determine of any beneficiaries reported in this category to determine if they are clinically appropriate and meet the needs of the child and family/Ongoing
7.	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	
8.	Declined to receive ICC or IHBS.	NA	DSS/DBH data systems need further analysis to determine how this data can be reported/Ongoing

County: Fresno Date: May 1, 2014

If your answer below is blank or zero, please provide an explanation.

PART B: Services Provided to Identified Subclass Members at Any Time During the Reporting Period			
Item #	Information Requested	Column 1 Beneficiary Count	Column 2 Next Steps/Timelines
1.	ICC	58	These are subclass members who received either TBS, crisis intervention, or had been hospitalized but have not received ICC would be our first priority to receive ICC.
2.	IHBS	52	Will expand IHBS to subclass members receiving in-home services from a contracted provider.

Is your county experiencing the following implementation barriers?

Hiring	Yes
Training	Yes
Service Availability	Yes
County Contracting Process	Yes

Please provide an explanation for any Yes responses above. Are there other barriers not listed above? Explain and add pages, as needed. Please provide an explanation for any Yes responses above. Are there other barriers not listed above?

While the Board of Supervisors approved 8 new positions on December 10, 2013 to create a Child Welfare Mental Health Team, only two positions (Clinical Supervisor and Program Technician) have been filled. Therefore, the participation by mental health in working with children and families in Child Welfare teaming meetings has not occurred due to the lack of resources. In addition, the County is potentially outsourcing three mental health programs during this calendar year and vacant positions are being held for displaced staffs. This has delayed the filling of these positions.

Another significant barrier has been the competitive bid process to select a vendor(s) to provide the mental health services to child welfare children and families. While it was intended for release in 2013, delays occurred that resulted in its release in February 2014. The selected vendor will be responsible to provide IHBS and ICC services to the subclass members. A projected start date is August-September 2014.

In addition, current resources were assigned Katie A. Implementation in additional to their existing management requirements and there are limited staff resources available to support the level of training needs that will be required across agencies, treatment provides, caregivers and the broader stakeholder community.

A significant barrier is the lack of funding provided by the State to meet the program needs, teaming, monitoring, data reporting, utilization review and other administrative requirements directly attributed to Katie A. Settlement agreement with State agencies that are now being passed down to counties.

County: Fresno Reporting Period: 9/1/2013-2/28/2014 Date Completed: May 1, 2014

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)
Agency Leadership Leadership's experience implementing family-centered services in a collaborative setting.	Several leadership changes have occurred in the agency since the last Report to include the departure of the Director of the Department of Social Services (DSS) in December 2013, the appointment of an Interim Director and a new Deputy Director overseeing Child Welfare services. The leadership of both agencies is working closely on the Katie A. Implementation in Fresno County. The DSS hired a mental health consultant with previous experience in an integrated child welfare/mental health service delivery in Monterey County to help develop a family-centered service model for mental health services. The management team has expanded and began weekly meetings in January and recently added the newly selected Clinical Supervisor of the Child Welfare Mental Health Team (CWMH Team). Supervision of the CWMH Team will be shared with DBH providing the formal supervisor and DSS providing onsite supervision.	N
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	DSS and DBH (Departments) have partnered in the following: 1. Requested and received approval from the Board of Supervisors on December 10, 2013 to add eight new County positions for the Child Welfare Mental Health Team. This includes 1-Clinical Supervisor, 3-Licensed Mental Health Clinicians, 2-Community Mental Health Specialists (case managers) 1-Program Technician (support of data processes) and 1-Office Assistant. This Team will be embedded within Child Welfare and co-supervised by the Departments. 2. Jointly prepared the Request for Proposal (RFP) titled, "Mental Health Services for Children in Child Welfare" as released on February 25, 2014 to select a vendor(s) to provide mental health services in a family-centered, trauma-informed service delivery model that aligns with the California Partners for Permanency and Katie A. Core Practice Model. 3. Signed a MOU to fund court-ordered mental health services for FY 2013-14 with continued financial support in the recommended budgets for FY 2014-15. 4. Refining data analysis of CWS/CMS and the Avatar mental health information system.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	The Departments continue to develop the administrative structures, management and line staff capacities to implement the mandates of the Katie A. Settlement Agreement in a systemic manner. The addition of the consultant and staffing of the CWMH Team will provide some of the resources needed to develop the training program that is needed to achieve a shared vision and operating guidelines throughout all agencies, families and caregivers serving children and families in the child welfare system with mental health needs. The CWMH Team will infuse mental health into the Child Welfare teaming practices that will increase the provision of ICC and IHBS services through alignment with California Partners for Permanency (CAPP) and the Katie A. Core Practice Model (CPM).	N
Service Array *Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions.*	An important strategy to align the array and theoretical framework from which mental health services are provided to children, families and caregivers in alignment with the CAPP and CPM practices of child welfare was the decision by the Departments to initiate a competitive bid process for mental health services. The selected vendors will join a contract agency currently providing court-ordered mental health services, two wraparound providers and a therapeutic behavioral services agency to strengthen the service array in the metropolitan and rural communities. Plans are underway for a recommendation to the Board of Supervisors in June or July with referrals beginning 30 to 60 days thereafter.	Y
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	CAPP has been informing the work of DSS since 2011. This model already uses family team meetings on a regular basis to build consensus, utilize the family team and to support the family in developing a plan to increase safety and permanence. The teaming meetings also provide an opportunity for DSS to get feedback from our children and families regarding their experience with Child Welfare. That feedback identifies policy and/or systemic changes that are needed to improve services. All mental health providers serving Child Welfare clients will be trained and integrated into this practice model which aligns with the CPM.	N
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	The mental health treatment providers will be trained to understand and provide culturally responsive services to clients, families and caregivers. DBH may participate in DSS meetings with a group of Key Advisors (well-respected representatives from our community) to review policies, RFPs and any other decisions with systemic impact, to get input and feedback as it relates to improving mental health services. DSS also monitors the work toward the PIP/SIP to determine if appropriate progress is being made and may include indicators related to addressing behavioral health needs in the future. DSS currently utilizes Fidelity Assessments to measure several outcomes related to the practice model. Cultural responsiveness is one of the areas measured within this assessment and will be a component of the outcomes and evaluation measures.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	Through the reporting of data in the State progress reports, the Departments continue to identify data points that need to be addressed within one or both information systems. This will include additional training of staff to delineate field usage, consistent entering of data, enhancements to track and monitor timelines for annual re-screenings, etc. The Program Technician for the CWMH Team was the first team member brought onboard on March 3, 2014 to assist with data analysis required by the State to complete the Katie A. Semi-Annual Progress Report.	N
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	The fiscal resources of the Departments have been impacted by the reduction of Realignment funding to Public Health attributed to the Affordable Care Act and will continue to evaluate fiscal policies and practices to support the mandates of Katie A. as it relates to family-centered services and the additional administrative requirements of the State that are currently unfunded.	N