



Department of Behavioral Health
Dawan Utecht, Mental Health Director/Public Guardian

Providing Quality Mental Health and Substance Abuse Services for the People of Fresno County

October 6, 2014

Karen Baylor, PhD, LMFT
Deputy Director
Mental Health & Substance Use
Disorder Services
Department of Health Care Services

Gregory E. Rose
Deputy Director
Children and Family Services
California Department of Social Services

RE: Katie A. Semi-Annual Progress Report
Reporting Period March 1, 2014 through August 31, 2014

Dear Dr. Baylor and Mr. Rose:

On behalf of the Fresno County Departments of Social Services and Behavioral Health, I have enclosed the Semi-Annual Progress Report for the period of March 1, 2014 through August 31, 2014 in accordance with the All County Letter No. 14-29/MHSUDS Information Notice #14-010 dated March 28, 2014 and the "Katie A. Semi-Annual Progress Report Clarifications" document issued by KatieA@DHCS on September 10, 2014.

Should you have any questions or need additional information regarding this report, please do not hesitate to contact me at (559) 600-6887 or by e-mail at itakahashi@co.fresno.ca.us.

Sincerely,

A handwritten signature in cursive script that reads "Irene Takahashi".

Irene Takahashi, Division Manager
Fresno County Department of Behavioral Health

Enclosure

County: Fresno

Date: November 14, 2014

- May 1st Submission (September 1st through February 28th Reporting Period)
- October 1st Submission (March 1st through August 31st Reporting Period)

| Name and Contact Information County Child Welfare Department Representative | | | | | |
|---|--|---------|------------------------|-----------|-------|
| Name: | Katherine Martindale, LCSW | | | | |
| Title: | Program Manager, Metro Division | | | | |
| Agency Name: | Fresno County Department of Social Services, Child Welfare | | | | |
| Address: | 2011 Fresno Street, 4 th Floor | | | | |
| City: | Fresno | State: | CA | Zip Code: | 93721 |
| Phone: | 559-600-2011 | E-mail: | martik@co.fresno.ca.us | | |

| Name and Contact Information County Mental Health Department Representative | | | | | |
|---|---|---------|----------------------------|-----------|-------|
| Name: | Irene Takahashi | | | | |
| Title: | Division Manager | | | | |
| Agency Name: | Fresno County Department of Behavioral Health | | | | |
| Address: | 3133 N. Millbrook Avenue | | | | |
| City: | Fresno | State: | CA | Zip Code: | 93703 |
| Phone: | 559-600-6887 | E-mail: | itakahashi@co.fresno.ca.us | | |

County: Fresno

Date: November 14, 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 | 1,198 | The Departments have scheduled ongoing meetings of IT staffs to evaluate the data available in CWS/CMS, Avatar (MHP's mental health information system) and a stand-alone database. We are interested in having Safe Measures support data reports out of CWS that would create a reminder system for annual re-screens. |
| 2 | Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS. | 75 | Continue to evaluate how this data is captured in CWS/CMS, Avatar and an independent database to insure consistent data entry/reporting with the addition of two new contracted agencies providing services to Katie A. class and subclass members. |
| 3 | Potential Subclass Members who have been referred to MHP for a full mental health assessment to determine medical necessity criteria for SMHS is 598 of which 74 have not yet been assessed. | 598 | This data is currently tracked in a stand-alone database and will be added to the data tracking plan for IT staffs to develop further. |
| 4 | Potential subclass members who were unknown to the MHP during the reporting period. | 75 | The potential subclass members identified in #1 above include children under the jurisdiction of Fresno County Department of Social Services-Child Welfare and who were placed out-of-county during the reporting period. As of August 31, 2014, we had a total of 218 youth placed out of county. The first priority of the Child Welfare Mental Health Team that will have clinician staffing in October 2014 will be to review the |

County: Fresno

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

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|--|--|--|--|
| | | | 75 subclass members unknown to the MHP to determine if mental health treatment services are being provided and to align services with the CPM, participate in CFTs and facilitate ICCs as appropriate. |
|--|--|--|--|

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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 Timelines |
| 1 | Subclass Members | 198 | DSS/DBH continue to evaluate data matching processes used to determine Subclass members/Ongoing |
| 2 | Receiving Intensive Care Coordination (ICC). | 118 | Currently includes clients in SB 163 Wraparound services, but will expand with the clinicians added to the Child Welfare Mental Health Program beginning October 2014 to participate in CFTs and facilitate ICCs for the two new contracted providers, TBS and others reported in #4 & #5 below/Ongoing |
| 3 | Receiving Intensive Home Based Services (IHBS). | 118 | IHBS currently provided by SB163 Wraparound providers. Will be expanded during the upcoming period with the addition of two new contracted agencies to provide intensive home-based services to Katie A. subclass members/Ongoing |
| 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> | 4 | FSPs will be trained on the CPM and billing requirements for ICC and IHBS/4 th quarter of 2014 by the Child Welfare Mental Health Team staffs. |
| 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> | 27 | Due to Emily Q. mandates, the County will continue to bill intensive home-based services provided by the TBS agency as "TBS." ITFC, MTFC and Special Care Increment foster homes are pending the State regulations and guidelines for Therapeutic Foster Care/Pending State guidelines and the impact of the requirements to DSS and the MHP/Ongoing |

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

| | | | |
|---|---|----|---|
| 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). | 49 | |
| 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 |

PART C: Projected Services

| Item # | Service | Projected number of subclass members to be receiving services by February 28th | Strategy/Timeline Description |
|--------|---------|--|--|
| 1 (a) | ICC | 168 | Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members. DSS/DBH executed agreements with two new contracted agencies on July 29, 2014 to provide mental health services to Katie A. class and subclass members, which includes intensive care coordination. The addition of clinical staffing of the Child Welfare Mental Health Program to participate in CFT's and facilitate ICCs will begin October 2014 and will support an increase in ICC services during the next reporting period. |
| 1 (b) | IHBS | 168 | DSS/DBH executed agreements with two new contracted agencies on July 29, 2014 to provide mental health services to Katie A. class and subclass members, which includes intensive home based services for subclass members. In addition, training of FSPs serving the subclass will increase billing for IHBS during the next reporting period. |

Is your county experiencing the following implementation barriers?

| | | |
|----------------------------|-----|----|
| Hiring | Yes | No |
| Training | Yes | No |
| Service Availability | Yes | No |
| County Contracting Process | Yes | No |

County: Fresno

Date: November 14, 2014

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

Please provide an explanation for any Yes responses above. Are there other barriers not listed above?

Explain and add pages, as needed.

As previously reported, the Board of Supervisors approved 8 new County positions on December 10, 2013 to create a Child Welfare Mental Health Team (CWMH Team) with only 2 positions (Clinical Supervisor and Program Technician) filled as of February 2014. The Clinical Supervisor resigned in July. DBH will fill the Clinical Supervisor position on October 13. Current employees will be reassigned to this Team beginning in October and include 2-clinicians and 1-case manager. This increased staffing will expand training, increased participation in CFTs, facilitation of ICC's and clinical case management of Katie A. subclass members. Because the CWMH Team may provide immediate onsite mental health assessments, DBH has established Medi-Cal Provider Number 10DY. Representatives from DHCS (Sue Lyle and Alice Washington) performed a site certification visit on September 25, 2014 and have issued a Plan of Correction for a revision to one MHP policy and procedure that will be submitted to achieve certification of this program and enable billing for the mental health services provided by direct service providers on the CWMH Team. This will increase ICC claiming provided to subclass members.

On July 29, 2014, DSS/DBH received approval to contract child welfare mental health services to two new agencies (Mental Health Systems, Inc. and Stars Behavioral Health). These agreements align with the Katie A. CPM and require ICC and IHBS be provided to subclass members. Child Welfare referrals for mental health assessments began in September 2014.

County: Fresno

Reporting Period: March 1, 2014-August 31, 2014

Date Completed: October 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) |
|---|---|--------------------------------|
| <p>Agency Leadership <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p> | <p>Mr. Delfino Neira was appointed as the Director of the Department of Social Services for Fresno County on August 26, 2014. Mr. Neira was formerly the Deputy Director of the Santa Barbara Department of Social Services where his focus included Child Welfare Services with active involvement in the Katie A. Implementation. Santa Barbara and Fresno counties are in the Central Valley Learning Collaborative with ongoing opportunities to share implementation strategies.</p> | <p>N</p> |
| <p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p> | <p>The Fresno County Departments of Social Services and Behavioral Health (Departments) continue its strong interagency collaborative approach to meeting the needs of children and families in the child welfare system. On July 29, 2014 the DSS and DBH Directors recommended and received approval from the Board of Supervisors to execute agreements with Mental Health Systems, Inc. and Stars Behavioral Health to meet the mental health needs of children and families in the child welfare system in a family-centered service delivery model that aligns with the core practice models of the California Partners for Permanency, Katie A. and SB 163. The Departments collaborated on the development of the Mental Health Screening Tools (modified MHST) for Child Age 0-5 Years and Child Age 5 to Adult, Screening Tool Instructions and scoring tool. The modified MHST also includes a “Parent/Caregiver Identified Risk” section to identify issues related to substance abuse, mental health, violence in the home and developmental status to better inform family-centered therapeutic interventions. Training on the modified MHST was provided during August 2014 by the DSS consultant. Participants of this training included DSS Social Workers, administrative and direct service staffs of mental health contract providers with Department representatives present for</p> | <p>N</p> |

| Readiness Assessment Section | Description of Activities | Training or TA Needed (Y or N) |
|---|--|--------------------------------|
| | <p>questions. DSS Emergency Response social workers began utilizing the modified MHST on September 15, 2014.</p> | |
| <p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p> | <p>The Departments’ joint management team has remained the same for over two years and guide implementation at the local level. Administrative support structures in the areas of contract management, fiscal operations and information systems have been in place for over a year. The expertise and extensive years of experience in these roles enable forward progress in meeting State requirements. The Departments have also dedicated operating revenues to support the new agreements at a total cost in excess of \$3 million in FY 2014-15 and increasing to \$6 million in FY 15-16 as well as anticipated funding for the increases in EPSDT outpatient specialty mental health services that is anticipated from the implementation of the formal screening process completed by social workers. Only 2 of the 8 positions for the Departments’ Child Welfare Mental Health Program have been hired to date. These positions are non-clinical and include a Program Technician and an Office Assistant. It is anticipated that a Clinical Supervisor, 1-Senior Licensed Mental Health Clinician and 1-Community Mental Health Specialist (case manager) will join this program in October. The addition of mental health clinicians will enable the Departments to infuse mental health presence at Child and Family Team meetings (known locally as Permanency Teaming Meetings) and increase the quantity of Intensive Care Coordination services to Katie A. subclass members. A County recruitment process to fill the remaining 2-Licensed Mental Health Clinicians and 1-case manager vacancies is pending.</p> | <p>N</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>The service array will increase with increase with the addition of the new contractors approved on July 29, 2014 and available to begin services within 30-60 days of the execution of the agreement. These contractors are required to provide family-centered services through trauma-informed care and the use of evidence-based therapeutic interventions and best/promising practices proven effective in serving children and families in the child welfare system. The Departments will also monitor the selection of staffs hired by the contractors to insure cultural competency of direct service and support staffs that are able to serve the threshold languages of the Mental Health Plan (English, Spanish and Hmong) and also those cultures prevalent in the child welfare system. The availability of services will also increase through home-based, evening and weekend services throughout Fresno County to decrease barriers to access. DSS will continue to utilize cultural brokers and parent partners to best serve the diversity of needs of children, families, caregivers, support persons, advocates, etc.</p> | <p>N</p> |
| <p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p> | <p>The new contractors will deliver services in a family-centered manner that will eliminate the fragmentation that occurred previously when children and adults referred by child welfare would be assessed by DBH’s Youth Link Program. If determined to meet medical necessity, some ongoing mental health treatment was provided by Youth Link clinicians; children would be referred to an organizational provider; and adults were served by MHP</p> | <p>N</p> |

| Readiness Assessment Section | Description of Activities | Training or TA Needed (Y or N) |
|---|--|--------------------------------|
| | individual or group providers in office-based settings. | |
| <p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p> | <p>The most significant work in cross-cultural settings has been through a shared understanding of the complexities and goals of the child welfare system and its core practice models, the requirements of the Mental Health Plan and the Katie A. Settlement agreement mandates. DSS has established Key Advisors (well-respected representatives from our community) to guide systemic approaches to serving the community, cultural brokers, parent partners and youth advocates to guide cultural sensitivity and awareness in the delivery of social and mental health services.</p> | <p>N</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>The Department's continue to await direction for the State regarding outcomes data and are consulting with Anne E. Casey Foundation to establish local baselines, outcomes and indicators. In addition, the Department's information technology staffs continue to evaluate the data capability of CWS/CMS and Avatar to provide data to support program and practice outcomes.</p> | <p>Y</p> |
| <p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p> | <p>The implementation of the Affordable Care Act with its expanded Medi-Cal coverage for low-income adults who were previously uninsured will enable the parent with a diagnosed mental illness to receive individualized treatment to address his/her functional impairments and also participate in family-centered (collateral) therapy with his/her child(ren) to improve parenting skills and increase the potential for reunification.</p> | <p>N</p> |