County: Kings County **Date:** 5-2/14

☑ 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:	Kelly Baker, MFT				
Title:	Deputy Director				
Agency Name:	Behavioral Health				
Address:	450 Kings County Dr. Suite 104				
City:	Hanford	State:	Ca	Zip Code:	93230
Phone:	559 852-2430	E-mail:	kelly.baker@co.kings.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Tina Garcia, A.C.S.W.				
Title:	Deputy Director, Children and Adult Services Division				
Agency Name:	Kings County Human Services				
Address:	1400 W. Lacey Blvd. Bldg. #8				
City:	Hanford	State:	Ca	Zip Code	93230
Phone:	559 582-3211 x2329	E-mail:	tina.garcia@co.kings.ca.us		

County: Kings County **Date:** 5/2/14

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	92	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	7	
3	Potential Subclass Members who have been referred to MHP for a full mental health assessment to determine medical necessity criteria for SMHS, and have not yet been assessed.	30	Assessments were pending on 2/28/14 on these children. Some assessments have been completed since 2/28/14 and will continue until all assessments have been completed.
4	Potential subclass members who were unknown to the MHP during the reporting period.	34	

County: Kings County **Date:** 5/2/14

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	25	
2	Receiving Intensive Care Coordination (ICC).	8	
3	Receiving Intensive Home Based Services (IHBS).	8	
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.*	16	
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*	1	
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).		
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).		
8	Declined to receive ICC or IHBS.		

County: Kings County **Date:** 5/2/14

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

PART C: Projected Services			
Item #	**Service**	**Projected number of subclass members to be receiving services by August 31st**	**Strategy/Timeline Description** Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.
1 (a)	ICC	25	County is continuing to provide direction to the contracted provider on expectations that all subclass members be Medi-Cal billed within the next month. There have been some delay with the provider getting the Katie A Identification form for the 16 children who are receiving WRAP services but not Katie A specific services. A new policy was put in practice to ensure the MHP is providing all Katie A forms to the County to provide to the provider by the 5th of the month.
1 (b)	IHBS	25	County is continuing to provide direction to the contracted provider on expectations that all subclass members be Medi-Cal billed within the next month. There have been some delay with the provider getting the Katie A Identification form for the 16 children who are receiving WRAP services but not Katie A specific services. A new policy was put in practice to ensure the MHP is providing all Katie A forms to the County to provide to the provider by the 5th of the month.

Is your county experiencing the following implementation barriers?

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

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

The county is not experiencing in barriers that are listed above. There are issue with using this form. I am unable to submit times for #1-8. The formatting on the boxes doesn't allow text to wrap around within the box.
The time line for all subclass members to be receiving ICC and IHBS is June 1, 2014. There have been challenges by the provider with Medi-Cal billing that the County has continued to meet with the provider to resolve. Behavioral Health has had numerous meeting with the provider and will be implementing some policy changes to ensure all subclass members are receiving ICC and IHBS. Some of the policy changes include, MHP and provider will submit a list to the county of all Katie A Identification forms received by the provider and the provider will submit a list of all subclass members receiving ICC and IHBS to the County by the 5th of each month. In addition, the provider will not terminate or transfer any Katie A subclass members from WRAP or TBS unless the MHP has authorized termination or transfer from WRAP to TBS.

County: **Kings County** **Reporting Period:** **Sept. 1-February 28, 2014** **Date Completed:** **5/2/14**

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.*	In Kings County, we continue to have a very positive working relationship between the Human Services Agency, Behavioral Health, Family Builders FFA (contracted provider for wraparound services), and Kings View Counseling Services (contracted provider for County Mental Health Plan). Kelly Baker, Deputy Director of Behavioral Health, Tina Garcia, Deputy Director of Human Services Agency (HSA), Marla Seykora, Program Manager of Kings View Children System of Care and Chris Douglas, WRAP Supervisor, Family Builders have continued to collaborate on the Katie A implementation plan. All operate within a leadership roles with their perspective agencies and continue to demonstrate an invested interest in developing a shared vision to implement the Katie A. vs. Bonta lawsuit agreement provisions which includes the Core Practice Model in its entirety including all components, values and principles. Behavioral Health continues to participate in to The Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) technical assistance conference calls every Wednesday at 10 am. Tina Garcia is on the California Child Welfare Services Core Practice Model Design Committee and Communication Subcommittee, which are developing a best practice guide for child welfare departments throughout the state on how to enhance services and outcomes for children served by child welfare departments. Along with working toward a best practice model for child welfare services, which includes the Katie A. work done to date, she has been emphasizing outreach to various stakeholders, including mental health and behavioral health professionals. A convening was held in Long Beach, California, during which stakeholders were invited and present to participate in	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	further refinement of this model. Tina Garcia co-facilitated the Central Valley Region's breakout sessions for two days while others from the communication team facilitated the other regional breakout sessions to gather feedback from all county departments on the theoretical framework, core practice elements, values and philosophies, and outreach strategies. The convening results were taken back to the design team for further refinement and discussion on how to best engage all stakeholders involved in providing services to children and families served by the child welfare system. Tina Garcia prepared a draft proposal to present the California Child Welfare Services Core Practice Model being developed at the 2014 CMHACY Conference at the Asilomar in May of 2014, which was finalized by the communications subcommittee with input from CWDA and the Child and Family Policy Institute of California (CFPIC) who lead the design team. The proposal was accepted; therefore, the team will present at the 2014 CMHACY Conference in an effort to further educate and conduct outreach to stakeholders, especially those in the mental health and behavioral health fields. Behavioral Health will be sending two program managers to the 2014 CMHACY Conference. Both agencies and Family Builders FFA have continued to send staff training related to the Katie A Core Practice Model.	
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	HSA, Behavioral Health, Kings View and Family Builders continue to maintain an established working relationship that involves various programs in Kings County. With the Katie A. vs. Bonta lawsuit agreement provisions, Kings County has taken this as an opportunity to improve on our existing partnerships. Through the planning process, we established a Katie A Identification form that is being utilized by HSA Social Workers. Since implementation, we made some changes to the form based on the recommendation of the Managed Care Director. We are utilizing the new form. We have established protocols for HSA Social Workers to refer children to Behavioral Health and /or Kings View for developmental and/ or mental health screens. HSA, Behavioral Health and Kings View staff were trained in ASQ 3 and ASQ SE since the last report. To date, Behavioral Health has received 108 referrals from HSA. The volume of referrals has created some capacity issues for Behavioral Health, however Behavioral Health is strategizing with HSA and the plan is to have all screens completed by June 1, 2014. Any issues, concerns or challenges are resolved within the Katie A Program meetings, email or conference calls. The process has been effective and has increased the communication between Behavioral Health, HSA, Kings View and Family Builders. Behavioral Health, HSA and Kings View staff attends training/conferences together and are navigating the process of becoming better collaborative partners.	N
Systems Capacity *The collective strength of administrative*	HSA Social Workers have completed the Katie A Identification form on all potential subclass members and this practice will continue as new children enter the foster care system or children	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
structures, workforce capacity, staff skills & abilities, and operating resources.	already in the system display mental health issues that require specialty mental health services. All children either in or entering the foster care system ages 0-5 are referred to Behavioral Health for a developmental screen and ages 3-18 are referred to Kings View for a mental health screen. All referrals are inputted into the CWS/CMS Katie A page and additional date fields are expected to be dropped into CMS for Katie A in November. Kings View, as the County Mental Health Plan has been able to absorb the increase in referrals for mental health screening of all children with an open Child Welfare case. Marla Seykora, Program Manager for Kings View's Children Systems of Care is in constant communication with social workers from HSA to facilitate and strengthen the referral process from HSA to Kings View. We already have a non-CPS led wraparound program in place, which we are expanding to serve other children that are eligible. Our program is funded by the MHSA dollars and working together we anticipate all eligible children will be included, if we are unaware of any after identification of the subclass. Kings County contracts with Family Builders Foster Care, Inc to provide wraparound services to Kings County children. Kings County made the decision to expand WRAP services to include specialty mental health services to Katie A subclass members. Family Builders, 2013-2014 Scope of Work (SOW) was amended to include all of the services, values and principles as articulated in the Core Practice Model. The yearly budget was increased to enable Family Builders to hire dedicated staff to provide WRAP services. 1 full time WRAP Supervisor (waivered or licensed clinician) to serve as the ICC, 3 full- time and 1 part- time WRAP counselors to provide IHBS, 1 full- time administrative assistant and a .33 FTE licensed therapist. The licensed therapist was add the WRAP program enhance quality assurance of services and Medi-cal billing. Family Builders has hired staff to build capacity for Katie A, however we are finding that more staff maybe needed to provide services to all of the Katie A subclass members and potential subclass members. We will continue to discuss the need for more staff for the Katie A program. The SOW included Family Builders providing Kings County's Managed Care Director (Kings View) with all detailed claims showing names of Kings County beneficiaries of Katie A Subclass members, services provide to each subclass member, length of time services provided, original reports, notes and other documentation as requested by the Director for Medi-cal billing. Kings View Counseling as the Mental Health Plan and Managed Care processes all Medi-cal billing on the behalf of all Katie A subclass members. There have been some challenges with ensuring progress notes meet Medi-Cal's billing standards. The Managed Care Director and Family Builder's licensed therapist have been providing ongoing training to Family Builder's staff.	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or 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.*	HSA, Behavioral Health, Kings View and Family Builders staff have attended joint trainings together which have included ASQ 3 & ASQ SE, Culture Competency Summit, Katie A Implementation Orientation, California Mental Health Advocates for Children and Youth 2013 conference and, the Trauma-focused Therapy with trainer Jenae Holtz, LMFT (CWS sponsored Central CA Training Academy CSU, Fresno). HSA, Behavioral Health, Kings View and Family Builders require staff to attend training and conferences to ensuring staff are trained to provide high level services that are culturally competent using evidenced based treatment modalities. Behavioral Health, Family Builders and Kings View staff attended Meeting the Challenge: Incorporating Culturally and Linguistically Appropriate Services, The Impact of Trauma & Neglect on the Developing Child, Annual Patient's Rights Advocacy Training and the Child & Adolescent Needs & Strengths. In addition, Behavioral Health has a Cultural Competency Committee that provides training to its staff, contracted providers and other county employees on specific cultures, how culture shapes and influences families and about mental illness problems/issues. Trainings have included working with veterans, seniors, local Native Americans, LGBTQ populations, Latinos, persons with disabilities, Mental Health First Aid, use of traditional healers, such as medicine men and Curanderas. Kings View staff are trained in Dialectical behavior therapy (DBT) and utilize DBT with consumers. DBT is evidenced based and is highly effective with adult and adolescent mental health consumers. In January of 2013, the Human Services Agency implemented a clinical social work and psychotherapy program within the Social Services Division via a Contract with Kings View Counseling Services for LCSW supervision of its six ACSWs. The ACSWs serve anyone in the community needing mental health services who cannot be served by Kings View Counseling Services or the Behavioral Health Administration due to eligibility for services requiring consumers to meet medical necessity or severe medical necessity for acceptance into those programs. The ACSWs also assist with Ages and Stages Questionnaire (ASQ) developmental screenings if there is a backlog with other departments of CPS children. They also provide therapeutic services to open CPS cases, as well as co-facilitate groups to assist in family reunification, maintenance, and placement stability. The ACSWs have been trained on Dialectical Behavioral Training (DBT), Infant Mental Health Interventions, Ages and Stages Questionnaires, including the Social-Emotional Developmental Screenings, Cognitive-Behavioral Therapy, Anger Management Skills, Domestic Violence Treatment Methods, Dual Diagnosis Treatment, Maternal Depression and Infant-Parent Relationships, Impact of Trauma on Brain Development, Neurorelational Frameworks, Awareness of Self as a Cultural Being, the Effects of Toxic Stress on Young Children, DSM V, Systems and Services Change/Coordination/Advocacy, Sensory Profiles and Impact on Relationships, Autism Spectrum	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	Disorder, and Interdisciplinary/Multidisciplinary Collaboration. The Kings County Human Services Agency is one of five counties in the Resource Family Approval (RFA) Program, which is streamlining the prior, multiple processes to license foster family homes, approve relative and NREFM homes, approve adoptions, and establish legal guardianships into one child-centered, family-friendly, approval process. This new program requires the highest standards of assessment, training, and psycho-social clinical studies on anyone wishing to provide care to a foster child, which we are hoping will have positive outcomes for the Katie A. subclass relating to placement stability, reunification, well-being, safety, and permanency.	
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	HSA, Behavioral Health, Kings View and Family Builders within their own agencies offer programs that are family-centered and strength based. Through collaboration, HSA, Behavioral Health and other community stakeholders developed a our current non-CPS led wraparound program funded with Mental Health Service Acts (MHSA) dollars. Family Builders is the contracted provider for the wraparound program. The wraparound program was expanded to serve other children that are eligible. The wraparound program is community based; family centered and includes a Child and Family Team (CFT) component. The wraparound CFT team meets bi-weekly to discuss progress and stability of the child's behavior and placement, as well as ways to improve service provision and/or the referral process. Family members and children participate in the CFT and both formal and informal supports are invited to attend the CFT. The increase in families attending the CFT, has required us to consider changing the location where the CFT's are held at the provider's office to Behavioral Health's STAR Center. Behavioral Health's conference rooms can accommodate larger groups than the provider current location. The provider will also be utilizing Behavioral Health's conference rooms for parent training and childcare for the parents attending the training. HSA utilizes Family Resource Meetings to: ensuring compliance with the Indian Child Welfare Act (ICWA), promoting a partnership with local Tribal Organizations in providing active efforts to their children and families, and utilizing best practice in service delivery to the Tribal Organizations as a party in Child Welfare cases as well as to their members. The Human Services Agency is implementing the Quality Parenting Initiative (QPI) in tandem with the RFA Program. The QPI is focused on recruitment and retention of high quality caregivers for foster children, which will further aid in maintaining placement stability, enhancement of family reunification and maintenance, and more permanency on behalf of children. The Kings County QPI Team consists of prior foster youth, individuals who have adopted, previously licensed foster parents, and relatives. These stakeholders	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	are vital in providing the county with feedback on what is important for foster children to have a safe, family-centered, supportive foster care setting.	
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Behavioral Health and HSA have cultural competency policies that extend to contracted service providers in Kings County. Contracted providers are required to provide verification that staff has attended cultural competency training. All agencies have bilingual staff who speaks various languages and access to interpreting services such as Fox Interpreting service on an as needed basis. In addition, Behavioral Health has a Cultural Competency Committee that provides training to its staff, contracted providers and other county employees on specific cultures, how culture shapes and influences families and about mental illness problems/issues. Trainings have included working with veterans, seniors, local Native Americans, LGBTQ populations, Latinos, persons with disabilities, Mental Health First Aid, use of traditional healers, such as medicine men and Curanderas. HSA provides ongoing training to its staff on cultural competency and specific cultures. HSA utilizes Family Resource Meeting to: ensuring compliance with the ICWA, promoting a partnership with local Tribal Organizations in providing active efforts to their children and families, and utilizing best practice in service delivery to the Tribal Organizations as a party in Child Welfare cases as well as to their members. The HSA is currently in negotiations with the Mexican Consulate to collaborate and partner to offer enhanced services to Mexican Nationals who come to the attention of CPS due to abuse/neglect allegations. The MOU has been completed and is pending finalization with the Consulate. The HSA is a member of the Lemoore Naval Air Station's child abuse review team, which evaluates abuse and neglect cases on base to determine whether services can be enhanced.	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.*	HSA utilizes the CWS/CMS computer system to capture data on children in the foster care system in addition to the Katie A subclass status on all of the foster children. The system will be utilized to ensure compliance with the referrals for mental health and or developmental screens and any needs for further mental health services. The CWS/CMS system has a Katie A page and it is anticipated more data fields will be dropped into the system in November, 2013. The Child Welfare Service Plans include assessments, outcomes of wraparound services that aim toward placement stabilization of foster children. Behavioral Health and Kings View utilize Anasazi computer system. Anasazi is utilized to process Medi-cal billing and to track all mental health services provided to Katie A subclass members. We are also working on a policy and procedure manual with Family Builders to capture data and measure outcomes for children and families receiving services in the wraparound program. An evaluation tool will also be included in the plan. We are still working on the plan. Due to capacity issues the written plan has not been completed. A MOU was completed between the HSA and Kings View Counseling Services to release the names and dates of birth of CPS children as an extra effort to ensure no child falls through the gap for a mental health screening at Kings View Counseling Services and is referred to any needed services identified.	N
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	This is an area that Kings County will continue to explore and expand. Behavioral Health utilizes MHSA dollars to provide wraparound services and other programs in children's mental health. In the wraparound program, stipends are provided to families to help with transportation cost to attend parent training or other identified needs. Behavioral Health also provides other assistance on as needed basis within the Full Service Partnership Program (FSP). Children enrolled in the wraparound program are enrolled in the FSP program as well. HSA and Behavioral Health will continue to develop policies, practices and expertise in funding family-centered services. Behavioral Health attended the County Behavioral Health Fiscal Leadership Institute on November 5th and 6th, 2013 in Sacramento California and HSA staff attended the CWS Fiscal strategies for children on November 7th. HSA and Behavioral Health fiscal staff has attended all Katie A. funding trainings offered this past year.	N