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

County: _Monterey_____ Date 4/1/14
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X 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					
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Name and Contact Information County Mental Health Department Representative					
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County: _____Monterey_____ Date 4/1/14_____

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	294	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	0	During the reporting period all the potential subclass members received full mental health assessments and were determined to meet Medical Necessity by our team of assessing psychologists
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.	0	It has been Monterey's policy for many years to provide full individual and family assessments to all CW children who are referred
4	Potential subclass members who were unknown to the MHP during the reporting period.	0	As soon as potential subclass members are identified they are referred to BH for assessment and possible treatment

County: ____Monterey_____ **Date: _____4/1/14_____**

If your answer below is blank or zero, please provide an explanation in Column 2.

PART B: Services Provided to Confirmed Subclass at Any Time During the Reporting Period			
Item #	**Information Requested**	**Column 1 4/1/14**	**Column 2 Timelines**
1	Confirmed Subclass Members	106	Please note: In responding to the requests in this report for specific data points, Monterey has become much clearer on what internal reporting we need in place in order to accurately respond in our semi-annual reports. You will note that there clearly is some "overlap" in this report for Part B, #'s 3,4 and 5. Monterey will now be better prepared at the next semi-annual report to provide fully discrete numbers for each of these categories.
2	Receiving Intensive Care Coordination (ICC).	49	Most BH staff has been trained to the new Katie A codes (ICC and IHBS) as of November, 2013. However in reviewing the billing data for this report it is apparent that this shift in services and billing will require on-going support and training. For Instance, ALL children receiving mental health services in Monterey currently have an Intensive Care Coordinator, yet those coordinators continue to utilize old case management codes for services that are clearly ICC. Even more striking is the underuse of the new IHBS code. Although children are receiving many services in the home and community that should be coded as IHBS, staff continues to fall back almost exclusively on the familiar Collateral, Rehab and Individual Mental Health codes when providing those services.
3	Receiving Intensive Home Based Services (IHBS).	2	

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County: ____Monterey_____ **Date: _____4/1/14_____**

If your answer below is blank or zero, please provide an explanation in Column 2.

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.*	48	
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*	35	
6	Receiving services not reporting in 2, 3, 4, & 5 above.	0	
7	Not receiving SMHS.	0	
8	Declined ICC or IHBS.	0	

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County: ____Monterey_____ **Date: _____4/1/14_____**

If your answer below is blank or zero, please provide an explanation in Column 2.

PART C: Projected Services			
Item #	**Service**	**Projected number of subclass members to be receiving services by 8/31/2014**	**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	140	
1 (b)	IHBS	60	

Is your county experiencing the following implementation barriers?

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

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

1. Both CW and BH experience a significant challenge in hiring appropriately experienced and knowledgeable bilingual staff
2. Please see response in Section 2, Column #2 above
3. Monterey BH has been in a 4 months long process of building capacity through hiring to increase service timeliness and availability in order to insure timely provision of MH services following mental health screening and evaluation. That process is near completion; service availability is greatly improved and will improve further over the next 2-3 months.

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County: MONTEREY COUNTY **Reporting Period:** 9/1/13 – 2/28/14 **Date Completed:** 3/18/14

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.*	The Child Welfare/Behavioral Health Steering Committee has continued to meet on a monthly basis during this period, providing on-going guidance and oversight for the implementation of Monterey's Katie A. plan. During this period the Steering Committee has placed special emphasis on fiscal issues, decreasing waiting time for treatment services, interagency collaboration and data sharing. Additionally, the Steering Committee has agendized and will provide oversight and direction for joint staff training and expansion of joint/shared programming	N
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	Monterey is expanding the capacity of our jointly staffed (BH/CW line workers and supervisors) Family Reunification Partnership program (FRP), which is intensive, collaborative, family-centered and fully consistent with the Core Practice Model. The County continues to provide immediate access to comprehensive mental health and family assessments to all children and youth in the sub-class, while continuously working to improve the collaborative process of referral. Child Welfare has provided skill-based training to staff on facilitating Child and Family Team Meetings, and CW and BH are currently planning joint training on CFT's and the collaborative model, with assistance from the Bay Area Academy. The BH/CW Katie A work group has previously agreed upon sub-class screening protocols and is now testing a mental health screening model for the larger Katie A class. BH and CW have worked collaboratively with our Wraparound provider to fold the Wraparound process and services into our overarching Katie A plan and enhance support and service provision. BH has instituted new, specific service codes for ICC and IHBS and has completed initial staff training on those services, proper documentation and new code use. Additional training to reinforce the initial training is needed and is being planned.	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.*	Reports and process for CQI are currently under discussion, with projected dates of completion to be developed. Through these reports, system tolerances can be monitored and resources identified to support the principals of client and family-centered practice, trauma-sensitive and informed systems, BH/CW collaboration and shared decision-making as well as timeliness of services. BH has added new staff to increase capacity and will be adding additional new staff over the next 2-3 months, and will be launching a new therapeutic visitation model to increase family-centered services to families even earlier in their Dependency process. Likewise CW has added new staff to increase social work capacity, and have been and will continue to be part of the planning process for the new therapeutic visitation model.	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.*	All children in the sub-class (in fact all children and their families who enter Dependency in Monterey) receive a full, comprehensive, trauma-informed and culturally-sensitive individual and family mental health assessment. In addition, all children assessed as in need of mental health services have an assigned mental health Care Coordinator. The following service array is currently available to all children and youth (and their families) in the sub-class, depending on level of need and Medical Necessity: TBS; intensive individual therapy, Home Partners; Wraparound; FRP; Family Therapy (including BSFT); Motivational Interviewing; ART; a variety of attachment therapies; CBT; trauma-specific treatment; psycho-ed groups; PCIT, community-based behavioral health aide support, Therapeutic Visitation, "Parents-as-Teachers", Youth Mentors, "mentor moms/dads", parent partners	N
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	Existing stakeholder structures in Monterey County currently in place include: The Youth Advisory Resource Council, The Governance Council, California Youth Connection, Monterey County Caregivers Association, Monterey County System of Care, Mentor Moms/Dads. These groups currently allow for consumer, provider, caregiver/parent and youth voices to be part of ongoing discussions regarding services and care. In day-to-day practice terms, all children and youth (and their caretakers) receiving mental health services participate in the treatment planning process as a standard of practice.	N
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Monterey BH and CW have made a concerted effort to increase our bilingual and bicultural (Spanish) staffing capacities. During the past year approximately 60% of all new BH staff hires have been bilingual in Spanish, coming very close to matching overall population trends in Monterey County. This has increased our ability to provide culturally appropriate services and to do so more effectively. CW is making similar efforts.	N
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	CW and BH have a previously formed working "data sub-group" to develop protocols, practices and technology for data sharing and analysis. Data sharing and collection is therefore still in the development phase, and the use of outcome data and how it will inform programs and practice is still to be determined over time.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	As stated above, it is anticipated that improved collection and analysis of shared data will inform and guide overriding fiscal policies, practices, etc. The BH/CW Steering Committee at present represents a high degree of fiscal knowledge and expertise that will guide policies and practices now, and with the assistance of more detailed data in the future.	N