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

County: Monterey **Date: 9/29/14**

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

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

Name and Contact Information County Child Welfare Department Representative					
Name:	Thomas S. Berg				
Title:	Behavioral Health Services Manager II				
Agency Name:	Monterey County Behavioral Health				
Address:	1000 S. Main St. Suite 210-B				
City:	Salinas		CA	Zip Code:	93901
Phone:	831-796-1513	E-mail:	bergts@co.monterey.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Daniel Bach				
Title:	MA III (Senior Management Analyst)				
Agency Name:	Monterey DSS				
Address:	1000 S. Main St.				
City:	Salinas	State:	CA	Zip Code:	93901
Phone:	831.796.3525	E-mail:	BachD@co.monterey.ca.us		

County: Monterey **Date: 9/29/14**

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	382	Monterey County DSS and BH have a long-standing collaborative relationship in working together to insure that all youth and their families receive full mental assessments and medically necessary mental health treatment. This is a regular and on-going process that includes having a BH staff member sit in on every DSS court Unit meeting, joint DSS/BH review of potential Wraparound, TBS and ITFC referrals, regular meetings between DSS and BH program managers, etc. We are also developing automated data sharing protocols that will enhance all of our collaborative procedures and outcome assessments.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	1	
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	

County: Monterey **Date: 9/29/14**

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

4	Potential subclass members who were unknown to the MHP during the reporting period.	0 (?)	There may be a few potential subclass members that remain within in VFM that have not yet been identified. We are working to develop a tighter system to track these youth but have not yet completed that process. As a result, there may be a few youth that are at the moment unknown to us…..but in reality that makes them unknown unknowns at this time. How many there may be is currently unclear, although we would anticipate only a few, hence the "0 (?)"

County: Monterey **Date: 9/29/14**

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	137	
2	Receiving Intensive Care Coordination (ICC).	112	
3	Receiving Intensive Home Based Services (IHBS).	37	
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.*	0	
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*	25	
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	
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.	0	

County: Monterey **Date: 9/29/14**

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~~ (2/28/15)**	**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	Monterey County will immediately begin investigating and identifying those subclass members who apparently have not received ICC services during the past reporting period. This may be due to lack of services, but more likely is due to miscoded services. Whether one or the other, the situation will be corrected upon identification.
1 (b)	IHBS	50	Subclass members may or may not receive IHBS services, based on need, their individualized assessments and the treatment planning process. This process will continue into and well past the next reporting period.

Is your county experiencing the following implementation barriers?

Hiring	XYes	No
Training	XYes	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:

As Monterey County has expanded its services there have been understandable challenges in bringing on new staff. Additionally, as this work is also some of the most stressful for all involved, staff turnover is another expected challenge that requires additional hiring.

As for training, developing and implementing effective training, especially regarding the values and effective facilitation of CFT's is the biggest challenge faced. Our collaborative BH/DSS subcommittee on CFT's continues to meet with support from the bay Area Academy, and we are anticipating instituting a new training program after the first of the year.

County: Monterey **Date: 9/29/14**

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

County: Monterey **Reporting Period: March 1, 2014 – August 31, 2014** **Date Completed: 9/29/14**

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 moved from meeting monthly to quarterly during this period, providing on-going guidance and oversight for the implementation of Monterey's Katie A. plan. During this period the Steering Committee continues to place special emphasis on fiscal issues, assessing 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 continues to 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. Through our joint CW/BH work group on CFT development, we are currently planning joint training on CFT's and the collaborative model, with assistance from the Bay Area Academy. Another of our BH/CW Katie A work groups 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	Y

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	documentation and new code use. We also continue to "fine-tune" our BH/DSS jointly led parent psycho-ed group for parents (PEG) for all parents engaged in the FR process	
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	This is an area of consistent challenge. Retaining and hiring staff remains a difficulty at times, as is training staff to the core values represented through *Katie A.* This is especially true as we shift away from social worker-led, case review dominated CFT's to more family and child centered CFT's. In addition to its typical array of services, BH has recently added "Therapeutic Visitation" for families early in the FR process as an IHBS in order to increase safety and positive family relationships, and decrease time to reunification. We have also launched training and assessment efforts in creating a more trauma-informed system of care in Monterey County, which has included BH, DSS, Probation and most of our CBO's. This will be an extensive, year's long project for the county. Reports and process for CQI continue to be under discussion and development. 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.	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: ICC; IHBS; 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, Intensive Treatment Foster Care	N
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	Monterey County recognizes that the involvement of children, youth and families is somewhat of a weakness we would like to improve upon. 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. However given that, Monterey would like to increase child and family involvement at all levels. In part to that end, we are supporting a youth driven, community based program built on the VOICES model (named "The Epicenter" here in Monterey) started and staffed by youth. We will be encouraging these youth to become	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	part of our Katie A implementation sub-committees as well as become trainers in our Trauma Informed Care initiative and other on-going activities..	
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 1 ½ years approximately 70% 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. This work is being overseen by out DSS/BH Steering Committee.	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