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

County: San Bernardino **Date: 04/29/2014**

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

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

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Name and Contact Information County Mental Health Department Representative					
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County: San Bernardino **Date: 04/29/2014**

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	2503	Refine accurate subclass member qualification.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	225	Children who are found to not meet medical necessity shall be referred to appropriate Tier 1and 2 providers when it is determined they require some continued mental health service.
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.	38	Continue to monitor and track time frames to ensure timely access to care.
4	Potential subclass members who were unknown to the MHP during the reporting period.	459	Continue to refine methodology for identifying and referring children to appropriate resources. Of the twenty-five hundred potential cases over two thousand were open in DBH. The remainder is receiving CAPIT services, FFA services or have not been referred to DBH. The county will implement a process whereby children/youth in an open case and not receiving mental health services at the time of case plan update will be screened and referred to the MHP.

County: San Bernardino **Date: 04/29/2014**

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 Timelines**
1	Subclass Members	307	Track monthly.
2	Receiving Intensive Care Coordination (ICC).	83	Numbers have dramatically increased in the past month. We expect immediate exponential growth.
3	Receiving Intensive Home Based Services (IHBS).	26	Numbers have dramatically increased in the past month. We expect immediate exponential growth.
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.*	207	Provider concerns regarding disallowances have affected initial billing. These concerns are being addressed and use of non-billable codes is subsiding.
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*	16	Katie A. sub population members are being directed into FSP where they will receive increased levels of service.
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).	1	Continue to develop tracking methods for determining accurate accounting for this subset.
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	Continue to develop tracking methods for determining accurate accounting for this subset.
8	Declined to receive ICC or IHBS.	0	Developing tracking system. None reported to date.

County: San Bernardino Date: 04/29/2014

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	700	Continue to refine identification, referral and qualification and implement improved training curriculum. Expand ICC and IHBS to TBS provider contracts.
1 (b)	IHBS	250	Continue to refine identification, referral and qualification and implement improved training curriculum. Expand ICC and IHBS to TBS provider contracts.

Is your county experiencing the following implementation barriers?

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

County: San Bernardino **Date: 04/29/2014**

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.

Hiring: Children and Family Services and the Department of Behavioral Health are monitoring the impact of implementation on existing staff. We have concerns there will be an increased demand of significant proportions as the qualification of sub population members expands, as well as the increase of numbers of dependents requiring mental health screenings.

Training: Coaching and Child and Family Teaming:
We have trained a significant number of mental health providers on the delivery of ICC and IHBS services. CFS has trained a significant number of social workers, supervisors and managers in practices consistent with the State's Core Practice Model Guide. However, the trainings related to Child Family Teaming has been difficult to develop and effectively deliver to the hundreds of Children Family Services social workers and mental health providers. CFS tested a Child and Family Team facilitation training with social work and DBH staff in February 2014. Feedback from the training participants suggested that the curriculum and delivery approach needs to be refined to include the value and context of what Child and Family Teaming is about in addition to the facilitation of Team meetings. This and other feedback has prompted the County to begin work with the Public Child Welfare Training Academy to modify the training curriculum and delivery. Because training alone does not effectively bring about meaningful practice change, the County is working with the Public Child Welfare Training Academy to explore options for significantly expanding coaching capacity. Limited coaching capacity has limited practice change efforts. We expect to expand coaching capacity using Federal Title IV-E training funds.

County: San Bernardino **Reporting Period: September 1, 2013- February 28, 2014** **Date Completed: 04/29/2014**

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 principles, 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.*	During this reporting period, the Joint Management Group established by Children and Family Services (CFS) and the Department of Behavioral Health (DBH) continued to manage growth and development in: • Mental health screening, assessment and treatment for class members; • Qualification of sub-class members and the provision of ICC and IHBS services to subclass members; and • Practice model development and implementation. Deputy Directors from both Departments are leads within the Joint Management Structure and both communicate regularly with one another and their respective Directors. An MOU that formalizes the mutual responsibilities that both Departments have already committed to and are fulfilling is pending signatory approval. Additionally, this MOU describes the functioning of an Administrative Steering Committee charged with broad guidance for and oversight of Katie A. implementation efforts. Membership in this Steering Committee, which has been meeting monthly, includes the Presiding Judge of the Juvenile Court, the parent and youth voice, and representation from the Probation Department, community partners, CFS and DBH management, the County's Program Development Division and the Children's Network (a body that helps coordinate County-wide services). The Joint Management Group includes inter-departmental work groups which during this reporting period continued to address data sharing needs, policy and forms development, sub-class qualification, and mental health screening, assessment and treatment for both the class and sub-class.	No training is required at this time.

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	During this reporting period, services continued to be delivered collaboratively to class and sub-class members through a number programs and processes, some of which involve joint DBH and CFS contracting, including: • The co-location of DBH clinicians in the CFS regional offices; • The co-location of Public Health Nurses in the CFS regional offices; • Wraparound; • Success First (time limited Wraparound services for children and families who do not meet criteria for the Wraparound program); • Children's Residential Intensive Services (ChRIS evolved from the RBS pilot); • Intensive Treatment Foster Care; • SART/Healthy Homes (the primary process through which CFS and DBH partner to ensure mental health screening, assessment and treatment for children entering the system); • Full time Education Liaisons in each CFS regional office (a program that has grown in number from 6 liaisons to 12 over the course of the implementation effort); • Family Advocate Resource Units in the CFS regional offices that include Parent Partners and contracted domestic violence counselors to assist with assessment, service linkage and navigation; • Healthy Moms and Babies; • Interagency Youth Resiliency Teams (a DBH funded collaboration with CFS to provide unique mentoring opportunities for youth); • The Children's Policy Council; • Juvenile Court Behavioral Health Review Services; • The Foster Care Advisory Board, which supports cross-system collaboration particularly with the San Bernardino County schools; • CFS, DBH, Probation 241.1 Dual Supervision Collaborative Meetings; • DBH, CFS and Inland Regional Center Collaborative Meetings; • Mental Health Court; and • The Interagency Planning Council.	No training is required at this time.
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	We have spent a good deal of time over the early implementation phase of the settlement reviewing capacity. As we have become more expert at determining the sub-class population and the number of children in need of screening, we have dramatically increased the numbers of eligible children. Our early estimates of approximately 500 children qualifying for sub-population membership have given way to an estimate of nearly 800 children of the 2503 potential sub-class population (pursuant to the State's definition) meeting qualification. While many of these children are already in programming such as Wraparound and Therapeutic Behavioral Supports, many are just being identified in fee for service networks which will require further expansion of Wrap-like programming.	No training is required at this time.

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Systems Capacity *cont...* *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	Our current estimate of children in need of screening has also increased, since CFS has increased the number of child dependents served. As our county continues to experience the impact of financial trauma, we continue to see an increase in poverty related referrals. Our county has also become the safe haven for many families in neighboring counties who have lost their homes. Due to the inexpensive housing in San Bernardino County, the number of families with limited resources has increased significantly and in the past year CFS has filed on behalf of 6500 children.	No training is required at this time.
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.*	The DBH service array is very comprehensive. It is grounded in both cultural competency and trauma informed care. The Department has a cultural competence officer who works closely with our clinical providers to assist them in managing language concerns, poverty related cultural issues and ethnic and LGBTQ population needs. Our Department has invested heavily in Trauma Resiliency Model training and practice. We have trained hundreds of Department staff, as well as contract providers since 2010. This practice is infused in our service culture and is monitored for effectiveness on an ongoing basis. Our Department of Behavioral Health provides evidence based practices in our 0-5 Screening Assessment Referral and Treatment Program, our Wraparound models, our Juvenile Justice Program and supports the use of EBPs by our contract agencies. We have developed innovative practices for children who are sexually exploited, Transitional Age Youth in our systems and in our various culturally based contract clinics, such as our Native American, Asian Pacific Islander and African American Prevention and Early Intervention Programs, which encourage the use of relevant healing practices familiar to those populations.	No training is required at this time.
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	To ensure that youth and birth parent perspective and voice is meaningfully incorporated into implementation efforts, parent partners and former foster youth are full and equal members of the County's Administrative Steering Committee, which is responsible for guidance and oversight of the implementation effort. At the practice level, CFS parent partners and former foster youth, all of whom are full time paid employees, participate in Team Decision Making Meetings and other meetings where planning and intervention decisions are made with children and families. CFS has 6 Parent Partners and is in the process of hiring 2 more. There are 6 former foster youth on staff with another in the process of being hired. DBH requires the hiring of parent partners for all its EPSDT contracts. In order to make real for children and families, the practice components and standards set forth in the State's Practice Model Guide, San Bernardino County began implementing Safety Organized Practice (SOP) in March of 2013. Since then, one cohort of training (which included the majority of social work staff) has occurred. A cohort begins with a Three-Day Overview Training of SOP followed by a series of twelve modules held once per month. In addition, field-based training (coaching) is also being provided to staff going through SOP training. A second cohort began in January 2014 and will complete the series of twelve modules in February of 2015.	No training is required at this time.

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Involvement of Children, Youth & Family *cont...* *How Core Practice Model family-centered principles are reflected in current systems.*	To build internal training capacity, and to promote supervision to SOP standards and model fidelity, a significant number of CFS line level supervisors have been certified to be SOP trainers and have assumed responsibility for SOP training delivery. The County, in partnership with the Public Child Welfare Training Academy intends to use Federal Title IV-E training dollars to significantly increase coaching capacity to support practice change across systems consistent with the State's practice model guide. SOP as it is being trained in San Bernardino County includes concrete practice behaviors that align with the State's Practice Model Guide, particularly in the areas of team building and youth and family engagement to adequately assess trauma in meeting safety, well-being and permanency needs. Additionally, the County is currently testing and refining training and practices around social worker and mental health providers facilitating Child and Family Team meetings for class members. At present, San Bernardino County CFS has 11 specially trained full time Team Decision Making facilitators and a number of trained "part-time back-up" facilitators who will play a critical role in helping this County transition from event based team decision making meetings to a more holistic child and family team process occurring during the entire life of a case. The practice change effort described in brief above and the continuous refining of the County's SART and Healthy Homes processes are intended to be complimentary and inter-locked cross systems strategies to ensure comprehensive strength/needs-based assessments (including underlying needs), and screening and assessments for trauma exposure and mental health service needs. Both Departments provide a number of programs, Including but not limited to Wraparound and ChRIS, where children, youth and families are at the center of a Child and Family Team process.	No training is required at this time.
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	CFS and DBH have built cultural humility and responsiveness into a number of training efforts, and the SOP practice behaviors are intended to support engagement, assessment, teaming and service provision that is culturally responsive. As noted above, parent partners and former foster youth of varying cultural backgrounds are meaningful participants in direct practice interactions with children and families as well as the oversight body responsible for the overall Katie A. implementation effort (Administrative Steering Committee). Additionally, San Bernardino County is a Family to Family (F2F) site that for years has been actively implementing the original four core F2F strategies of self-evaluation, team decision making, building community partnerships and recruitment, training and support. Making decisions in teams with the	No training is required at this time.

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Cultural Responsiveness *cont...* *Agency ability to work effectively in cross-cultural settings.*	children, youth and families at the center of this decision making process (TDM meetings), and partnering with the community to design and deliver services that meet the needs of the children and families coming from our diverse communities is the foundation upon which we have launched practice model and Katie A. implementation efforts. Multi-language, multi-ethnic and multi-cultural community partners in each CFS regional office service area join, support and advocate for children and families team decision making and planning meetings. Our continued work with the Annie E. Casey Foundation led San Bernardino County to incorporate a 5th core F2F strategy: Permanency. From this grew another funded position, the Permanency Coordinator, who assists with case mining and family finding and engagement efforts to grow a child's team and develop permanency options for children.	No training is required at this time.
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	The Department of Behavioral Health and Children and Family Services have recognized the importance of using performance outcome measures and data in monitoring services, reviewing their effectiveness and incorporating them in their decision making practices. Toward this end, the Department of Behavioral Health has invested heavily in a Statistical Analysis System which can pull together data from all of our various information systems; billing system, the California Information System and our new Child Adolescent Needs and Strengths/ Objective Arts software. The CANS is currently in use by all EPSDT contract providers. The Objective Arts software allows us to aggregate the data, as well as use it for individual client planning. Children and Family Services have updated its Departmental measures to better align with and support Katie A. implementation. CFS employs a number of outside databases other than CWS/CMS to track program utilization and outcomes. Efforts to Outcomes databases licensed through Social Solutions are used to track CAPTS programs, Wraparound and Team Decision Making. Another element of evaluation is the assessment of programs adhering to a standard of care or practice. San Bernardino County has implemented the Wraparound Fidelity Index consistently to evaluate the fidelity of our wraparound programs and will be utilizing this experience to further develop measurements of fidelity for other programs. One element of evaluation is the assessment of each program adhering to a standard of care or practice. San Bernardino County has implemented the Wraparound Fidelity Index consistently to evaluate the fidelity of our wraparound programs and will be utilizing this experience to further develop measurements of program fidelity for other programs including Katie A.	No training is required at this time.

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.*	The Department of Behavioral Health and Children and Family Services have very sound fiscal practices and work closely with our County Administrative Office to ensure stability and accountability. Our provider/contractors have responded in a supportive and dedicated manner to the expansion of services for Katie A. They bring years of family based service experience from Wraparound, Residential Based Services Pilot, TBS, SART and numerous other family based models to ensure a successful implementation of ICC and IHBS. Many of these services and programs are funded and contracted for jointly by CFS and DBH.	No training is required at this time.