

County: San Mateo County

Date: April 28, 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:	Donna Woche, PhD: Human and Organizational Systems				<i>Donna Woche PhD</i>	
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Agency Name:	Children and Family Services, Human Services Agency					
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Name and Contact Information County Child Welfare Department Representative						
Name:	Paul Sorbo; LCSW				<i>Paul K. Sorbo, LCSW</i>	
Title:	Deputy Director, Children and Youth Services					
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Address:	2000 Alamedas de las Pulgas					
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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 Timelines
1	Potential Subclass Members	759	A total of 759 children and youth with full-scope Medi-Cal, ages 0-21, were open to child welfare. Currently, SMC is developing a streamlined data tracking system to ensure efficiency and accuracy of Katie A metrics. It is anticipated the systems will be finalized during this next reporting period.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	43	CFS referred 259 children/youth for a mental health assessment to BHRS. Of the 259 referred to BHRS, 43 did not receive services. There could be a number of reasons for example: 1) they did not meet medical necessity; 2) they refused services; and 3) BHRS was unable to locate or make contact with the client. Unfortunately, BHRS did not capture the reason why clients did not receive services because they did not know these metrics would be required by the State. However, it is now clear this level of detail is required and consequently BHRS will capture these metrics in the next reporting period.
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	All potential subclass members who were referred to BHRS for a full mental health assessment to determine medical necessity criteria for SSMH have all been assessed.
4	Potential subclass members who were unknown to the MHP during the reporting period.	501	During this reporting period, both SMC systems (CFS and MHP) worked together to resolve case-related information and confidentiality challenges. In April 2014, SMC County Counsel approved the sharing of case related information across departments to promote stronger integrated services and accurate case counts. However, prior to this agreement, MHP and CFS were prohibited from sharing certain protected case data

Part A 4 (cont.)			which may have resulted in an overestimate of the potential subclass members who were unknown to the MHP during the reporting period.
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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	109	Children and Youth 0-21
2	Receiving Intensive Care Coordination (ICC).	31	The count for ICC is low because BHRS contractors have not yet established an electronic data tracking system. BHRS expects contractors will establish such a data tracking system by the next reporting period and as such the ICC count will increase and/or double.
3	Receiving Intensive Home Based Services (IHBS).	15	The count for IHBS is low because BHRS contractors have not yet established an electronic data tracking system. BHRS expects contractors will establish a data tracking system by the next reporting period and as such the IHRC count will increase and/or double.
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>	35	
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>	52	
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).	13	
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	2	

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	62	SMCH BHRS is beginning the implementation of the electronic systems that will pull for the codes designating ICC services.
2 (b)	IHBS	38	SMCH BHRS is beginning the implementation of the electronic systems that will pull for the codes designating IHBS services.

Is your county experiencing the following implementation barriers?

Hiring	Yes	<input checked="" type="checkbox"/> No
Training	Yes	<input checked="" type="checkbox"/> No
Service Availability	<input checked="" type="checkbox"/> Yes	No
County Contracting Process	Yes	<input checked="" type="checkbox"/> No

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

Explain and add pages, as needed.

Service Availability: Child and Family Teams are provided by BHRS contractors to children and youth involved in wrap around services. BHRS and CFS are finalizing funding and processes for additional CFT related activities.

Katie A. Semi-Annual Progress Report

Enclosure 2

County: San Mateo County

Reporting Period: Sept. 1, 2013 – Feb. 28, 2014

Date Completed: April 28, 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</p> <p><i>Leadership's experience implementing family-centered services in a collaborative setting.</i></p>	<p>SMC will continue to use existing cross-department meetings to coordinate, collaborate and improve service integration. Focus groups were conducted with parent partners and parents involved in CFS and BHRS to solicit system improvement feedback. SMC will continue to identify strategies to include children, families, and other stakeholders in quality improvement efforts.</p>	<p>N</p>
<p>Systems and Interagency Collaboration</p> <p><i>How collaborative approaches are used when serving children and families.</i></p>	<p>A workshop was offered to CFS and BHRS direct service staff, inclusive of managers and supervisors, focused on relationship building and cross-system alliance. This training was provided by the Center for Right Relationships, Global. The process evaluations from these sessions identified the need to strengthen understanding of cross system roles, responsibilities, disciplines and cultures. Department specific sessions are under development to address these needs referenced as CFS 101 and BHRS 101. These training modules will be offered to staff in the coming months.</p>	<p>N</p>
<p>Systems Capacity</p> <p><i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>The November 2012 passing of Measure A (voter approved increase in sales tax by .5% for 10 years) has allowed CFS and BHRS to hire additional staff specifically for Katie A.</p>	<p>N</p>

Katie A. Semi-Annual Progress Report

Enclosure 2

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Service Array</p> <p><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 Katie A. Training Committee has identified the need to train CFS staff in trauma informed practices. The Bay Area Academy is currently planning how to address this need.</p> <p>SMC will need further training on teaming with children, youth, families, and how to facilitate and/or participate on Child and Family Teams.</p>	<p>Y</p>
<p>Involvement of Children, Youth, and Family</p> <p><i>How Core Practice Model family-centered principals are reflected in current systems.</i></p>	<p>A variety of focus groups with diverse stakeholders were conducted during this report period, data was assessed, and recommendations for quality improvement were made by the Training Sub-Committee and adopted by the Steering Committee.</p>	<p>N</p>
<p>Cultural Responsiveness</p> <p><i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>SMC continues to train staff on cultural competence by embedding knowledge and skill components in on-going training provided by the Bay Area Academy. Additionally, BHRS sponsors specific training on such topics (e.g., Effective Clinical Supervision).</p>	<p>N</p>
<p>Outcomes and Evaluation</p> <p><i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i></p>	<p>SMC has actively addressed challenges related to information sharing and confidentiality matters across departments. A work group was formed to address any on-going issues that may arise. Finally, CFS and BHRS are exploring how to use existing data tracking systems across departments more effectively to increase the speed by which data can be collected, tracked, analyzed, and reported.</p>	<p>Y</p>
<p>Fiscal Resources</p> <p><i>How fiscal policies, practices, and expertise support family centered services.</i></p>	<p>Measure A funding has enabled CFS and BHRS to hire direct service staff. These additional staff has increased our capacity to coordinate screening and assessments across systems, as well as refer and engage children and their families in child welfare and behavioral health services.</p>	<p>N</p>