

County: Santa Clara

Date: May 1, 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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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	547	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	475	
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.	72	
4	Potential subclass members who were unknown to the MHP during the reporting period.	65	

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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	770	
2	Receiving Intensive Care Coordination (ICC).	5	
3	Receiving Intensive Home Based Services (IHBS).	5	
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>	161	
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>	374	
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).	160	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	65	
8	Declined to receive ICC or IHBS.	0	

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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	100	Training of new Katie A. vendors will occur between June and July 2014. Katie A. core practice model services will begin effective July 1, 2014.
1 (b)	IHBS	100	Same as above

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 Santa Clara County Mental Health Department released an RFP for Katie A. core practice model services. Contracts for these services will begin effective July 1, 2014.

County: Santa Clara

Reporting Period: September 1, 2013-
February 28, 2014

Date Completed: 5/1/14

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)
<p>Agency Leadership <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<ul style="list-style-type: none"> • September 2013 – MHD/DFCS leadership data team developed to begin examining Katie A. data across systems and to develop policy and procedure for the identification of Katie A. subclass members as well as screening, assessment and referral for services. • MHD develops Katie A. core practice model services RFP. • MHD submits request for full-time Katie A. coordinator position to Board of Supervisors. • DFCS Staff Development preparing training to orient social work staff on Katie A. history, requirements and implementation of service components. 	<p>N</p>

<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<ul style="list-style-type: none"> • Tiger Team continues to address the technical implementation of Katie A. billing codes and includes participation from County mental health and child welfare staff as well as one community based organization (EMQFF). Purpose of the pilot is to troubleshoot implementation of billing codes with one agency before spreading to other agencies. In addition, EMQFF was able to train two (2) clinicians on delivery of Katie A. Core Practice Model and deliver services to 5 identified Katie A. subclass members (pilot) in October 2013. 	<p>N</p>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<ul style="list-style-type: none"> • No additional resources have been procured for the implementation of the Katie A. Core Practice Model during this time period. MHD will release a RFP for Katie A. Core Practice Model services in Spring 2014 with start date to begin July 1, 2014. 	<p>N</p>
<p>Service Array <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>	<ul style="list-style-type: none"> • Services delivered through Katie A. Core Practice Model pilot by EMQFF are in alignment and fidelity with the Katie A. Core Practice model and includes services and supports that are culturally responsive, trauma informed and evidence based. • Full Katie A. core practice model implementation and services will begin July 1, 2014. 	<p>Y</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	<ul style="list-style-type: none"> Tiger Team will be expanded to a full implementation team in June 2014 and will include children, youth and family members as key stakeholders and team members. 	N
Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i>	<ul style="list-style-type: none"> Santa Clara County DFCS is one of four sites across California awarded a California Partners for Permanency (CAPP) Grant. The core concepts/practice model and CAPP behaviors from this grant focus on disproportional representation of African ancestry and African American children/families in the child welfare system and will be applied to the Katie A. Core Practice Model. Vendors selected to provide Katie A. core practice model services will include providers who are culturally and linguistically proficient as well as experienced in working with children and families who have been impacted by trauma. 	N
Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	<ul style="list-style-type: none"> A data work group has been developed to address the data needs of implementing the Katie A. core practice model. This group will convene weekly to ensure a practice methodology and approaches are sustained within each system to properly identify any and all Katie A. subclass members within Santa Clara County. 	N
Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i>	<ul style="list-style-type: none"> MHD is releasing a RFP to address the service needs of Katie A. subclass members. MHD and DFCS are jointly assessing the internal resources necessary to support and sustain the Katie A. Core Practice Model implementation and service delivery. 	N