

County: Santa Clara

Date: October 1, 2014

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

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

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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	1745	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	10	
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.	31	
4	Potential subclass members who were unknown to the MHP during the reporting period.	352	

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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	508	
2	Receiving Intensive Care Coordination (ICC).	8	25 referrals have been made to Katie A. service providers and services are pending.
3	Receiving Intensive Home Based Services (IHBS).	8	25 referrals have been made to Katie A. service providers and services are pending.
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>	83	
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>	148	
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).	100	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	123	
8	Declined to receive ICC or IHBS.	21	

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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 February 28th	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	300	Katie A. service referral process was implemented on August 11, 2014. We anticipate being at full capacity by February 28, 2015.
1 (b)	IHBS	300	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.

Referral process for Katie A. services was initiated on August 11, 2014. One of the technical barriers we are experiencing is related to registering newly hired program clinicians into the County EHR billing system which generates a user ID for the clinician. Without this ID, the clinician is unable to enter services into the billing system. We have an interim solution and anticipate all new clinicians to be entered into the County EHR billing system by December 1, 2014. Services are being delivered, however, the billing is not being captured in the system and not being sent to the State at this time.

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Reporting Period: March 1, 2014 – August 31, 2014

Date Completed: 10/1/14

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"> • June 2014 – DFCS developed OPP (Policy and Procedure) and Katie A. screening form for screening, assessment and referral for Katie A. services. • MHD developed Katie A. core practice model services RFP. • MHD’s request for full-time Katie A. coordinator position was approved by the Board of Supervisors. • DFCS Staff Development prepared training to orient social work staff on Katie A. history, requirements and implementation of service components. • Training on Katie A. program and referral process provided to 350 social workers and community based providers (July 2014). • RFP for Katie A. providers completed and contracts executed (July 2014). • Katie A. services launched August 11, 2014. 	<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"> • MHD/DFCS continues to address the technical implementation of Katie A. program. • Focus on referral process, development of consent process and Standing Order. • Focus on screening, assessing for Katie A. subclass determination and referral to Core Practice Model services (Katie A. services). 	<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"> • MHD released a RFP for Katie A. Core Practice Model services in Spring 2014 with start date to begin July 1, 2014. • 4 Community Based Organizations were selected to provide Katie A. core practice model services. • 350 Social Workers and Providers trained in Katie A. core practice model, screening and referral process. 	<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 began August 11, 2014. 	<p>N</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 December 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 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 bi-monthly 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 completed procurement process to address the service needs of Katie A. subclass members. 4 Community Based Organizations were selected to provide Katie A. services. 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