

County: SANTA CRUZ

Date: October 2014

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:	Judy Yokel				
Title:	Division Director				
Agency Name:	Family and Children's Services				
Address:	1400 Emeline Ave				
City:	Santa Cruz	State:	CA	Zip Code:	95060
Phone:	831-454-4062	E-mail:	Judy.Yokel@santacruzcounty.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Dane Cervine				
Title:	Chief of Children's Mental Health				
Agency Name:	Santa Cruz County Mental Health/Substance Abuse				
Address:	1400 Emeline Ave; PO Box 962				
City:	Santa Cruz	State:	CA	Zip Code:	95060
Phone:	831-454-4910	E-mail:	Dane.Cervine@santacruzcounty.us		

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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	387	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	7	
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	
4	Potential subclass members who were unknown to the MHP during the reporting period.	0	

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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	56	
2	Receiving Intensive Care Coordination (ICC).	40	Note: for subclass members placed out of county in group homes, we bill regular SMHS.
3	Receiving Intensive Home Based Services (IHBS).	34*	1 Subclass member received only IHBS during this time period, and no ICC. Hence, the total count is off by 1 since the equation does not include Item#3.
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>	0	Santa Cruz does not operate separate Wraparound or Full Service Partnership programs for foster children (though we do for Probation youth).
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>	15	Note: for subclass members placed out of county in group homes, we bill regular SMHS.
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	While some foster children/youth participate in grant programs (eg., PCIT) they also receive other services noted in previous items.
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	

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

8	Declined to receive ICC or IHBS.	0	
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PART C: Projected Services

Item #	Service	Projected number of subclass members to be receiving services by February 28	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	60	Santa Cruz will continue to identify foster children for subclass membership based on intensity of service need, though many are already receiving other intensive Specialty Mental Health Services in non-CFT model. However, group home youth will continue to NOT have ICC/IHBS billed even though identified as Katie A subclass due to more restrictive quality assurance criteria; instead, other SMHS will continue to be billed to provide the same kinds of services. Hence, the overall number of subclass members receiving actual ICC/IHBS services will be somewhat lower than the total of all subclass members.
1 (b)	IHBS	60	See above.

Is your county experiencing the following implementation barriers?

Hiring		No
Training		No
Service Availability		No
County Contracting Process		No

Please provide an explanation for any Yes responses above. Are there other barriers not listed above? Explain and add pages, as needed.

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Within available resources, Santa Cruz County has built on our long-standing System of Care interagency processes to screen, assess, and treat foster children/youth in need of mental health services. We have made excellent progress in translating these interagency processes to Katie A program and the Core Practice Model. However, there is significant additional work required to comply with Katie A reporting and monitoring; and increased use of the Child & Family Team (CFT) process to more subclass members, potential utilization of Therapeutic Foster Care, and expansion of the subclass to more class members are seen as falling under new mandate requirements for Proposition 30..

County: Santa Cruz

Reporting Period: October 1st

Date Completed: September 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 <i>Leadership's experience implementing family-centered services in a collaborative setting.</i></p>	<p>Santa Cruz County has continued to have a high level of leadership involvement and oversight in our broader Child Welfare/Mental Health partnership, including the Katie A planning and implementation process. We are a part of the State Leadership, and Bay Area, Katie A Learning Collaboratives.</p>	<p>N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Our Katie A leadership group (including directors, managers, supervisors) continues to meet monthly to oversee all aspects of Katie A implementation. In addition, supervisor sub-groups meet to review screening, referral and tracking processes for Katie A; continue training Mental Health and Child Welfare staff in Wraparound/CFT process, tailoring it to the Katie A Child & Family Team process. Mental Health administrative staff have been working to fine-tune data and billing procedures.</p>	<p>N</p>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>In general, administrative structures in and between both agencies remain strong (though like many counties we have had to work extensively with the Mental Health billing vendor to ensure Katie A billing code adaptations). Child Welfare and Mental Health staff have an excellent process (including Excel data base) for cross-checking all referral and service activities.</p>	<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</i></p>	<p>Santa Cruz County Mental Health/Substance Abuse has a long history of providing screening, assessment and treatment to most foster children/youth. General class membership services are modeled on an intensive treatment/case management approach, supplemented by specific EBP's such as Triple P; additional support services include general staff training in Trauma-Informed services, HearthMath, EMDR, dual-diagnosis assessment/treatment for AOD/MH, and others.</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<i>practices and traditions.</i>	Wraparound process is being used as base model for new Child/Family Team services and process. The broader array of services in our CMH/FCS continuum include a 0-5 Neuro-developmental clinic for referred young foster children (operated in conjunction with Stanford); a transitional residential facility for foster youth; a therapeutic visitation/counseling program; and transition-age youth independent living skills and supported housing program with mental health supports for foster youth.	
Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	Mental Health's Family Partnership peer services program has begun to serve more Katie A families, including participation on some CFT's. We have improved the link with our existing California Youth Connection (CYC) chapter regarding Katie A services. The Child Welfare System Improvement Planning (SIP) process has participation on the committee from foster parent representatives (with open spots for bio-parents) that review and help develop all SIP measures, which are quite extensive and now include Katie A services.	N
Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i>	Hiring new Mental Health clinicians with bilingual Spanish/English capacity has improved our service capacity, and will be ongoing. Staff have access to our Bilingual Clinician Support Group, the agency resources of our Cultural Competence Coordinator, as well as a broad array of good culturally relevant trainings.	N
Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	Our general outcome and evaluation capacity is well-developed. Mental Health has just published our 23 Year interagency System of Care report, which includes clinical data (CBCL, Ohio Scales, Satisfaction Surveys) as well as Child Welfare placement monitoring and outcomes data (reflected also in the local CWS System Improvement Planning process). A new 25 Year report will be forthcoming by end of calendar year. However, we will continue to develop, review and fine-tune Katie A specific data and outcomes as we go along, though additional state reporting requirements may require an increase in state supported resources.	N
Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i>	Santa Cruz County's long-standing experience in cross-agency leveraged funding continues to support a robust and diverse range of supports for foster children/youth and families. Child Welfare invests match funds with Mental Health to help support EPSDT Medi-Cal services for specialized programs (eg., 0-5 Neuro-developmental clinic in conjunction with Stanford; THP/ILP Transition age youth supports, among others). However, with the state focus on expanding the Core Practice Model to the larger Katie A "class" (not just subclass members), additional resources would be necessary.	N