

County: Solano County

Date: 4/30/14

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

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	$ \begin{array}{r} 353 \\ + 98 \\ - 13 \\ \hline \text{Total } 438 \end{array} $	<p>As of April 2014, Child Welfare Services has 451 open cases (children). Of those, 353 are in foster care and are eligible for MediCal. In addition, a total of 98 children are in Family Maintenance. Of those, 13 are not MediCal eligible; 16 have full-scope foster care MediCal, and 69 are MediCal-eligible under other aid codes.</p> <p>Our current policy is that all open court and voluntary cases are referred to Solano County Mental Health, unless they are placed outside of the county, in which case, social workers submit a referral to initiate the Service Authorization Request (SAR) process so services can be provided by the county of residence.</p>
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	Unknown	<p>At this time, MH does not have a way to track the number of children who were referred by CWS, and who were assessed and determined not to meet medical necessity. MH is looking into adapting the EHR system and/or referral logs to track this info. Also, CWS has not yet started documenting the results of MH assessments in CWS/CMS.</p>
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.	Unknown	<p>CWS has not started recording the assessment dates for children who have been referred to MH, but is planning to implement this functionality. As stated previously, all CWS cases/children are referred to MH. Reasons why an assessment was not conducted by Solano County MH include: MediCal eligibility issues, placement in other counties, service refusals, etc. We are working to close gaps in the SAR process. MH has also implemented a system of tracking all CWS clients referred for assessment and the outcome.</p>
4	Potential subclass members who were unknown to the MHP during the reporting period.	12	<p>By comparing a list of all open CWS cases with a list of open or referred MH cases, we determined that there are only 12 open CWS cases that were previously unknown to MH. MH is consulting with CWS about these cases, and determining if a referral for MH services is needed at this time.</p>

Prior to this reporting period, Solano County CWS and MH Katie A. Implementation Team created our own system for identifying all Class and Subclass kids.

In June, 2013, CWS social workers completed a point-in-time survey for each of their open cases, noting Subclass criteria. With CWS input, MH then created a database of Class and Subclass members and cross-referenced the list of open CWS cases with open MH cases, confirming medical necessity as well as the MH services that the Class and Subclass members were receiving. The CWS/MH Implementation Team then reviewed each individual survey, verified survey information and MH data, and determined which of the children met Subclass eligibility.

Subsequently, CWS and MH staff have been trained to recognize Subclass criteria, and a Subclass Referral Form was created that CWS social workers complete and submit to MH for verification. Once verified, MH assigns an ICC Coordinator to initiate Subclass services. The Katie A. database is continuously updated with information from both CWS and MH staff to reflect Subclass eligibility changes as well as initiation of ICC and IHBS services.

The Implementation Team continues to meet on a regular basis to monitor the referral and tracking process and have since identified a collaborative workgroup that will address any gaps in the identification and referral process, as well as information-sharing efforts in the ongoing implementation plan. The Team and the workgroup are using the Core Practice Model to guide and inform the program development process and the day-to-day provision of services to Class and Subclass members.

Data provided in Enclosure 1, Part B of this report came primarily from the Katie A. database (described in paragraphs 2 and 3 above) we have created as well as from CWS/CMS.

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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	99	
2	Receiving Intensive Care Coordination (ICC).	14	
3	Receiving Intensive Home Based Services (IHBS).	9	
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>	6 WRAP 6 FSP 12 Total (3 of 12 are in group homes)	
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>	8 TBS 6 ITFC 5 Intensive MH Tx Unit 6 Day Tx 25 Total (10 of 25 are in group homes)	
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).	31 EPSDT <u>2 Private Ins.</u> 33 Total (13 of 33 in group homes; 14 of 33 are placed out of county)	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	5 AWOL 1 Adopted out of county 1 Reunified out of state 5 Group homes out of county <u>3 Declined SMHS</u> 15 Total	
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 August 31 st	Strategy/Timeline Description
1 (a)	ICC	50	Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members. Our projections on the October report were not met due to implementation barriers that included staffing issues, contracting issues, and training issues (please see below). At this time, two of three new MH positions have been filled, and an offer has been made for the third. Contract amendments and expansions are complete. Our billing system is now fully able to submit claims for Katie A. services. CWS and MH staff have been trained. We anticipate that we will be able to transition Subclass members who are not in group homes or placed outside of Solano County from ICC-like and/or IHBS-like services to actual ICC and/or IHBS services during this next reporting period.
1 (b)	IHBS	15	

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.

Hiring: CWS has several vacant social worker positions, which does impact implementation of services due to higher caseloads for existing staff, which limits time social workers have for teaming and for monitoring Subclass criteria. MH has expanded the unit that provides direct services to Class and Subclass members, but was not fully staffed during the reporting period. Two prior clinician vacancies were filled on 9/30/13 and 1/6/14. A full-time ICC coordinator was hired on 10/15/13. Three new clinician positions were approved specifically for Katie A. Subclass services; one was filled on 3/3/14, another was filled on 3/17/14, and the third has not yet been filled. A half-time administrative assistant was also hired to support Katie A. implementation and this position was filled on 3/17/14.

Katie A. Semi-Annual Progress Report

Enclosure 1

Training: Solano County Implementation Team members from CWS and MH have been co-conducting Katie A. overview trainings since October 2013. The audiences have included CWS staff, MH staff, CASA supervisors, foster family agency staff, and staff from MH contract agencies. The team plans to continue the trainings, including additional MH contractors, dependency court judges, and attorneys who represent dependents. We also plan to do additional trainings of MH staff, including trainings on teaming and the MediCal documentation standards for ICC and IHBS.

Service Availability/County Contracting Process: As stated above, direct MH services to Class and Subclass members will primarily be provided by a specialized unit. This unit will conduct a majority of the intake assessments for Class members, and provide intensive services to Subclass members. As this unit was not fully staffed during this reporting period, the service availability was impacted. Provision of ICC and IHBS services during the reporting period was also impacted due to the fact that MH contract amendments authorizing the services were not completed until February, 2014. A MH contract expansion for IHBS services with the county's TBS provider was authorized in March, 2014. CWS expanded its ITFC contracts in November, 2013, doubling capacity.

County: Solano

Reporting Period: 9/1/13 – 2/28/14

Date Completed: 4/30/14

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>	<p>CWS and MH Deputy Directors participate in a monthly meeting of the county’s Implementation Team and provide information, guidance, and support to the process. CWS and MH leaders continue to support the implementation of Katie A. program by reallocating resources and prioritizing the needs of Class and Subclass members within the two systems. MH leadership has experience implementing collaborative family-centered services through the Mental Health Services Act (MHSA) programs. CWS leadership has experience implementing collaborative family-centered services through implementation of Team Decision-Making and Safety Organized Practice protocols. MH and CWS leadership have worked together closely to support families involved in the foster care system ever since 1998, when the decision to be co-located was made.</p>	<p>N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>A Katie A. Implementation workgroup has been formed that will include all agencies that provide services to Class and Subclass members, in addition to youth advocates, parents, and foster parent representatives. This workgroup will inform the implementation of services for children and families. CWS and MH remain co-located, and are continuously working on ways our information systems can share data to provide reports to the state and to ensure that all CWS clients who need MH services are referred. CWS and MH staff have received training on the Core Practice Model, and will continue to participate in ongoing training about collaborative approaches to service provision. MH and CWS staff have been participating in family-centered, multi-disciplinary team meetings prior to Katie A. implementation in the form of wrap-around meetings, permanency team meetings, intensive treatment foster care meetings, etc. As our county has formed Child and Family Teams and facilitated meetings, CWS and MH staff have worked collaboratively to create individualized meeting structures that focus on the needs of the child and family, but also meet each agency’s goals and mandates.</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>Both MH and CWS have allocated staff time on all levels, including deputy directors, administrators, managers, supervisors, and line staff to Katie A. program planning and implementation. CWS has doubled its ITFC capacity and MH has expanded its IHBS capacity. MH has hired several additional staff designated specifically for direct-service provision to Class and Subclass members. CWS is hiring social workers to fill vacant positions, and invites MH to provide an overview of available MH services to orient new CWS staff. All CWS and MH staff are encouraged to participate in trainings and webinars to increase their skills in the areas of teaming, trauma, evidenced-based practice, and culturally-sensitive service provision. The Implementation team has worked with MH Quality Improvement staff to include trauma-focused questions in the standard MH assessment tool. The Implementation team is working closely to improve the referral process and ensure that assessments are done in a timely manner, as are referrals for needed services.</p>	N
<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>	<p>Both CWS and MH staff assess children and families for immediate safety and access crisis support services if needed. CWS assessments and TDM meetings, and MH assessments include identification of children and family strengths and needs. MH is using the Child and Adolescent Needs and Strengths tool, including social workers in the assessment process. Children aged 0-5 are referred for specialty Early Childhood MH services; clients 18-21 are offered specialty services through AB12 (CWS) and Transition-Age Youth (MH) programs. The county's wraparound, ITFC, and other contract providers offer culturally responsive, trauma informed, and evidenced based services, and utilize innovative practices to meet the needs of clients. CWS and MH staff are trained in trauma-informed care, evidence-based practices, and culturally-sensitive practices. The Child and Family Teams explore non-traditional support options that can help meet the needs of the children and families.</p>	N
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>Children/youth, families, and caregivers participated in the Readiness Assessment process. The county has used the family-focused structures of Team Decision Making, Permanency Team Meetings, and Safety Organized Practice meetings in creating a model for the Child and Family Team meetings. Child/youth/family values, culture, and preferences drive the CWS and MH service plans created through the teaming process. Youth, families, and caregivers, as well as a multitude of community stakeholders (foster agencies, CASA, contracted MH and CWS service providers, etc.) will be included in the ongoing Implementation Workgroup that will drive the implementation of services to Class and Subclass members. MH conducts yearly surveys of children and families to give them the opportunity to provide feedback about their services.</p>	Y
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>Mental Health has trained a cross-section of their internal staff and contract providers on the California Brief Multi-Cultural Scale for the purpose of supporting culturally responsive services for mental health consumers. New MH staff hired to assess Class members and provide direct services to Subclass members reflect the cultural diversity of our county and include bilingual staff. There is also a great deal of cultural diversity among CWS agency staff that reflects the community, and bilingual CWS workers offer services in a variety of languages. Language interpreters are also available to all staff. In planning for Katie A. services, the child and family's culture is considered, respected and valued.</p>	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i></p>	<p>MH currently uses the CANS as a client outcome measure, and Quality Improvement (QI) is also incorporating other outcomes measures in the form of algorithms into a new Electronic Health Record system. QI work plans for direct service programs also include administrative, fiscal, program, service, and client outcome measures. MH also administers the DHCS Consumer Perception Surveys annually. CWS uses the state outcome measures to inform practices, and utilizes SafeMeasures as a case-monitoring tool. With the implementation of new data entry in CWS/CMS, it is hoped that the state will develop a Business Object report that all counties can utilize to track MH assessments and services for children. As state outcomes reporting requirements change, it would be useful to our county to have additional training/guidance.</p>	<p>Y</p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>MH and CWS leadership have a good understanding of the services that need to be funded and the costs for those services. Both agencies have committed additional funds to service provision for Class and Subclass members, including CWS expanding their ITFC capacity and MH expanding the contract for TBS/IHBS services. EPSDT contractors have been authorized to bill ICC and IHBS. The Implementation team has worked with MH Billing to create reports to track claims for Subclass members. Both CWS and MH are using multiple funding streams to fund services for Class and Subclass members, including Title IV-E, MHSA funds, EPSDT Realignment funding, intergovernmental revenues, and federal matching funds. New MH clinical staff have been hired specifically to provide direct services to Class and Subclass members. MH staff productivity is tracked through the EHR, and CWS staff complete quarterly time studies, giving administration information about staff time and resources that are going to our target populations.</p>	<p>Y</p>