Katie A. Semi-Annual Progress Report **Enclosure 1**

County: Solano County **Date: 09/29/14**

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

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

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County: Solano County **Date:** 09/29/14

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	362	We plan to continue our current policy to identify Potential Subclass members by having CWS refer all open court and voluntary cases to Mental Health for assessment, 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.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	2	County has determined that no further action is needed to reduce this number.
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.	29	Reasons why an assessment was not completed by Solano County MH include: the assessments were initiated after the end of the reporting period (15), the child was placed out of county during the reporting period (5), the CWS case closed before the assessment could occur (2), the client/caregiver refused services or failed to participate (4), and the child was referred at the very end of the reporting period and is on a waitlist (3). County has determined that no further action is needed to reduce this number.
4	Potential subclass members who were unknown to the MHP during the reporting period.	1	The only Potential Subclass Member who was unknown to MH during this reporting period was a child who only had an open CWS case for 3 days. County has determined that no further action is needed to reduce this number.

Further information about Solano County's methodology of identifying Potential Subclass Members and actual Subclass Members:

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

For this progress report, the number of Potential Subclass Members (Part A, #1) was determined by taking a list of open CWS cases and cross-referencing the list with children/youth who were referred for or received MH services through County MH or its contract agencies during the reporting period, plus children/youth placed outside of Solano County for whom CWS referred for MH services through the SAR process, plus any additional child/youth who was placed in a RCL 10 or higher group home, plus children/youth who experienced three or more placements in a 24-month period. CWS was unable to confirm the number of children/youth who might also be receiving the specialized care rate, and will work with County IT Department to be able to have the information for the next reporting period. Our number of Potential Subclass Members has dropped from the data reported in the May 2014 report. This is due to the fact that, in the May report, we also included kids who had been referred or were receiving services prior to the reporting period to give an over-inclusive cumulative number. This report, we followed the written instructions and clarifications, which state that the children in the Potential Subclass had to meet the criteria during the reporting period, which explains why our number is lower this time.

The data for Part A, #2 was determined by reviewing a database of all open CWS cases that were referred to County MH or one of County MH's contract agencies for an assessment and the dispositions of the completed assessments to identify cases that were not referred for ongoing services because the children did not meet medical necessity criteria. At this time Solano County MH does not track the assessment results for CWS clients who are referred to non-contract agencies (including other counties). CWS plans to record assessment result information in CWS/CMS once the state provides instruction through an All County Letter about how to utilize the new functionality in the Health Screening page.

The data for Part A, #3 was determined by cross-referencing the list of Potential Subclass members from CWS with a database of children who were referred to County MH by CWS for an assessment, and reviewing the MH Electronic Health Records (EHR) to identify those children who had not received any MH services during the reporting period. CWS plans to record assessment information in CWS/CMS once the state provides instruction through an All County Letter about how to utilize the new functionality in the Health Screening page.

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. We are working together to create a quarterly survey that social workers will complete for all potential Subclass members and submit to MH.

The Katie A. database will be updated with information from the surveys. 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).

Katie A. Semi-Annual Progress Report **Enclosure 1**
County: Solano County **Date: 09/29/14**

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	106	
2	Receiving Intensive Care Coordination (ICC).	40	
3	Receiving Intensive Home Based Services (IHBS).	23	
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. *Do not include youth already counted in 2 or 3 above.*	2 WRAP 8 FSP **10 Total** (4 of the 10 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). *Do not include youth already counted in 2, 3, or 4*	3 TBS 3 ITFC 4 Intensive MH Tx Unit 6 Day Tx **16 Total** (5 of 16 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).	29 EPSDT 1 Private Ins. **30 Total** (14 of 30 in group homes; 17 of 30 are placed out of county)	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	3 AWOL 1 Reunified out of state 3 Group homes out of county 3 Declined SMHS **10 Total**	
8	Declined to receive ICC or IHBS.	**6** Note: some children/ youth declined Katie A. services but accepted other SMHS and are included in #'s 4-6 above.	

Rev. 3/13/14

County: Solano County **Date:** 09/29/14

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 28, 2015**	**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	40	Our projection on the May 2014 report was met for IHBS, but not for ICC due to implementation barriers that included staffing issues, service availability issues, and contracting issues (please see below).
1 (b)	IHBS	25	

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 in the unit were filled on 9/30/13 and 1/6/14. One 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 was filled on 9/2/14. A half-time administrative assistant was also hired to support Katie A. implementation and this position was filled on 3/17/14. It should be noted that the clinician hired on 1/6/14 has since gone on maternity leave and the clinician hired on 3/3/14 has vacated her position, leaving the unit understaffed during the reporting period and currently. Service delivery was impacted during the reporting cycle due to the expected and unexpected leave.

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. On June 20, 2014, CWS and MH staff conducted a joint informational training, inviting all agencies and individuals who interact with Solano County foster children/youth. The invitation list included all community mental health providers, minor's counsel, CASA, regional center, school districts and SELPA, foster agencies, group homes, independent living skills providers, etc. From this group of stakeholders, smaller workgroups will be created to address specific implementation issues. Implementation team members from MH have also been conducting additional trainings of MH staff, including trainings on teaming, and on 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 Subclass members, and provide intensive clinical services to Subclass members. As this unit was not fully staffed during this reporting period, the service availability was impacted. There was a delay in the MH TBS provider being able to bill IHBS, due to billing code limitations in the original TBS contract. At this time, the TBS provider is in the process of transitioning some TBS clients to IHBS.

County: Solano **Reporting Period: 3/1/14 – 8/31/14** **Date Completed: 09/29/149/**

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)
Agency Leadership *Leadership's experience implementing family-centered services in a collaborative setting.*	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.	N
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	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.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	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.	N
Service Array *Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions.*	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.	N
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	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. The wraparound provider for Solano County has initiated a parent partner program during this reporting period; County is looking to partner with this agency and further develop the parent partner program.	Y
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	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.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	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.	Y
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	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 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.	Y