

County: Tulare County

Date: April 30, 2014

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

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Name and Contact Information (other stakeholders)			
Name:			
Title:			
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Agency Name:			
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Name and Contact Information (Other stakeholder)			
Name:			
Title:			
County:			
Agency Name:			
Address:			
City:		State:	Zip Code:
Phone:		E-mail:	

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PART A: Potential Subclass Members Identified During the Reporting Period			
Item #	Information Requested	Column 1 Beneficiary Count	Column 2 Next Steps
1	Potential Subclass Members	133	Tulare County screened all open CWS cases (749) but determined total subclass to be 133.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS	0	We are aware of no children who meet this criteria.
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	All children referred have been assessed during the reporting period of September 1, 2013- February 28, 2014.
4	Potential Subclass Members who were unknown to the MHP during the reporting period	161	93 children turned three between September 1, 2013 - February 28, 2014 who need to be screened, and 58 other children who still need to be screened.

PART B: Services Provided to Identified Subclass Members at Any Time During the Reporting Period

Item #	Information Requested	Column 1 Beneficiary Count	Column 2 Next Steps
1	Subclass members	133	Tulare County screened 749 youth, and currently has 84 active subclass members and 49 closed subclass members.
2	Receiving Intensive Care Coordination (ICC)	112	There are 70 subclass members actively receiving ICC. 42 subclass members participated in an initial CFT then subsequently declined ICC services.
3	Receiving Intensive Home Based Services (IHBS)	39	There are 39 subclass members actively receiving IHBS.
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	The Tulare County Wraparound program does not provide specialty mental health services or claim to Medi-Cal. Wraparound clients may be eligible for ICC/IHBS, and were screened accordingly. Currently, there are no consumers with an open CWS case who are receiving Full Service Partnership services in Tulare County.

Katie A. Semi-Annual Progress Report

Enclosure 1

5	<p>Receiving other intensive SMHS, but not receiving ICC or IHBS</p> <p>Examples of intensive SMHS may include: Therapeutic Behavioral Services (TBS), Intensive Treatment Foster Care (ITFC), or Multidimensional Treatment Foster Care (MTFC).</p> <p><i>Do not include youth already counted in 2, 3, or 4</i></p>	0	<p>All subclass members receiving TBS or ITFC services simultaneously received at least ICC services during the reporting period.</p>
6	<p>Receiving mental health services not reporting 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)</p>	21	<p>Eleven youth are living out of county who are receiving Mental Health services, but are not yet receiving ICC/IHBS. Ten subclass members were receiving traditional mental health services only, and subsequently closed their mental health services during the reporting period.</p>
7	<p>Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source)</p>	1	<p>There is one youth in an ITFC placement that is not open to Mental Health services</p>
8	<p>Declined to receive ICC or IHBS</p>	0	<p>All subclass members had an initial CFT, therefore received ICC services at least one time. However, 42 clients declined ICC/IHBS after the initial CFT.</p>

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PART C: Projected Services			
Item #	Service	Projected number of subclass members to be receiving services by	Strategy/Timeline Description
1	ICC	32	Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members. Based on a population of 161 youth still remaining to be screened, Tulare County is expecting 20% of those individuals to receive ICC services by August 31, 2014.
2	IHBS	11	Due to the current trends observed in Tulare County, it is anticipated that 35% of the population of subclass members receiving ICC services will accept IHBS.

Is your county experiencing the following implementation barriers?

Yes: Training, Service Availability

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

Training: Tulare County is exploring options to provide county specific Katie A. trainings to contracted providers as well as Tulare County Mental Health and Child Welfare Staff.

Service Availability: Nine “out of county” subclass members do not currently have Katie A. services available to them. Tulare County is currently waiting for direction from the State regarding how to serve subclass members who live out of state or out of county.

County: Tulare County

Reporting Period: Sept 1, 2013 - Feb 28, 2014

Date Completed: April 30, 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>Area of Strength: The Tulare County Katie A. workgroup meets bi-weekly to develop implementation strategies for Katie A. services (i.e., Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)). This workgroup includes representatives from Mental Health administration, Child Welfare Services (CWS) administration, and clinicians from both Mental Health and CWS.</p> <p>Tulare County was selected as one of three pilot counties for the California Screening Assessment and Treatment (CASAT) initiative through the Chadwick Center for Children and Families. The goal of the CASAT initiative is to develop a model of care coordination that engages the family, improves the functional capacity of the child, and supports the development of relational networks for both the child and family. On June 17-18, 2013, Tulare County HHSA held a kickoff event for the CASAT initiative including representatives from CWS and Mental Health leadership, line staff (e.g., social workers, clinical and non-clinical mental health staff), parents, care providers, and consumers of both CWS and Mental Health services.</p> <p>Areas of Need: Tulare County Mental Health and CWS continue to work collaboratively to develop and implement interagency policies and procedures for Katie A. service provision.</p>	<p>N</p>

Systems and Interagency Collaboration

How collaborative approaches are used when serving children and families.

Areas of Strength:

- In addition to bi-weekly Katie A. Workgroup meetings, both CWS and Mental Health have developed separate bi-weekly subgroup meetings for their respective departments composed of leadership staff and clinicians. System specific issues are discussed at these meetings and addressed at Katie A. Workgroup meetings as appropriate.
- Joint training opportunities for staff and families: CWS and Mental Health have developed training curricula for their respective departments regarding Katie A. Subclass identification (i.e., screening and referral) and service delivery.
- Both Mental Health and CWS representatives attend the various Katie A. Workshops offered by the state
- Katie A. implementation is addressed on an ongoing basis at the following collaborative meetings:
 - Tulare County’s Children’s System Improvement Counsel (CSIC)
 - Child Protection Planning Committee (CPPC)
 - Tulare County Children’s Services Network (CSN)

Areas of Need:

- Shared approach regarding consent and confidentiality: CWS and Mental Health have begun to standardize treatment consent forms and confidentiality policies between the two systems to ensure continuity of care.
- Information systems supporting shared data: CWS and Mental Health are identifying indicators of interest that can be tracked in the CWS-CMS system and in the Mental Health-EHR system, Avatar.

N

<p>Systems Capacity</p> <p><i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>Areas of Strength:</p> <ul style="list-style-type: none"> • CWS social workers and clinicians continue to conduct trauma screening tools and Katie A. eligibility screening for children, youth, and non-minor dependents entering the CWS system. • During August 2013, CWS updated their Letter of Referral (LOR) form to include Katie A. screening criteria. • The CWS Mental Health Liaison continues to ensure efficient processing of mental health referrals from CWS to Mental Health. • Children’s mental health clinics have incorporated Katie A. specific services by designating ICC coordinators at each site to monitor CFT plans for subclass members. • On July 1, 2014, a contract between Mental Health and an external provider will take effect to serve Tulare County foster youth who reside in neighboring Fresno County with ICC and IHBS services. <p>Areas of Need:</p> <ul style="list-style-type: none"> • Sufficient CWS staff: thirteen (13) additional social workers positions were recently added, and it is anticipated that they will carry full caseloads by December 2014. These social workers will increase the capacity of CWS to screen children entering the system, and ensure timely provision of Katie A. services. • Tulare County HHS is in the process of inquiring UC Davis to conduct a Katie A. training for Mental Health and CWS staff to address needs specific to Tulare County. 	<p>N</p>
<p>Service Array</p> <p><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>Areas of Strength:</p> <ul style="list-style-type: none"> • Through the CASAT initiative, two screening tools: Strengths and Difficulties Questionnaire (SDQ), and the Screen for Child Anxiety Related Disorders (SCARED) Brief Assessment of PTS Symptoms, have been developed for the purposes of identifying behavioral difficulties and trauma symptoms in children and non-minor dependents with an open CWS case. This information will enable clinicians to select the most appropriate evidence-based and/or promising practices for treatment. • Clinicians from the children’s mental health clinics have received training to provide trauma informed care. <p>Areas of Need:</p> <ul style="list-style-type: none"> • Availability of alternative strategies and non-traditional services: This continues to be an area of need across CWS and Mental Health systems. 	<p>N</p>

<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>Areas of Strength:</p> <ul style="list-style-type: none"> • During August 2013, CWS clinicians conducted a small pilot using two new screening tools (i.e., SDQ and SCARED), and collected feedback from caregivers, youth, and social workers on the ease of use and effectiveness of the assessments and subsequently implemented to utilization of this tool county-wide. • The Katie A. Workgroup continues to recruit consumers and family members/care providers to participate in the planning and implementation of Katie A. services. <p>Areas of Need:</p> <ul style="list-style-type: none"> • Continue to engage youth and parents to sit on the Implementation Committee in order to encourage consumer participation. 	<p>N</p>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>Areas of Strength:</p> <ul style="list-style-type: none"> • The Tulare County Health and Human Services Agency has appointed a Cultural Competency Manager to ensure that all services provided to the community are compatible with a wide array of cultural beliefs and practices. Gaps identified by this unit are addressed on an ongoing basis, including staff training, and the need to have all materials distributed by the agency available in multiple languages. <p>Areas of Need:</p> <ul style="list-style-type: none"> • All mental health informing materials, surveys and forms are available in the threshold language (Spanish). CWS Katie A. screening and assessment tools are in the process of being translated into Spanish format. 	<p>N</p>
<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>Areas of Strength:</p> <ul style="list-style-type: none"> • CWS has designated a position to fill the role of the Katie A. Coordinator who will track all screenings conducted, and referrals made to Mental Health for children and non-minor dependents that have an open CWS case. • Mental Health has also designated a Katie A. Coordinator who will track CWS referrals and outcomes (i.e. reason for closure, current level of service, and billing). This individual will report to the Children’s System Improvement Counsel (CSIC) on a quarterly basis regarding ICC and IHBS census and demographics. <p>Areas of Need:</p> <ul style="list-style-type: none"> • CWS has identified a process for coding Katie A. services in the CWS-CMS system • The Katie A. Workgroup is in the process of identifying outcome tools and specific performance indicators that will measure the effectiveness of Katie A. services. DHCS is currently identifying indicators that will be used for EPSDT beneficiaries. It is anticipated that these same indicators will be used for Katie A. Subclass members. 	<p>Y</p>

<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>Areas of Strength:</p> <ul style="list-style-type: none">• The Tulare County Health and Human Services Agency is a superagency that provides administrative oversight for both the CWS and Mental Health Departments. CWS and Mental Health are able to work collaboratively to ensure services are being adequately funded.• The implementation of the new Mental Health EHR system (Avatar) in September 2013, allows the cost of service for Katie A. consumers will to be efficiently tracked. <p>Areas of Need:</p> <ul style="list-style-type: none">• Fiscal agreements including commitment of funds: Both departments are in need of additional funding (e.g., community grants) that would allow for the expansion of service delivery capacity (e.g., 24 hour service availability) as mandated in the Katie A. lawsuit.• Cross system training including fiscal strategies: This continues to be an area of need in both the CWS and Mental Health systems.	<p>N</p>
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