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

County: Ventura **Date: 05/01/14**

☒ 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: Ventura **Date: 05/01/14**

I f 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	1522	This represents all children served by Child Welfare (CW) during the reporting period. All children served by County CW are "considered" for "potential" subclass criteria.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	0	All potential sub-class members screened by BH met medical necessity criteria. All those youth were assessed, met criteria and were referred to services. A "request for services" module is being considered for the electronic record system used by contract and county providers. Next steps also include full implementation of mental health screening and assessment as appropriate for children entering CW, as well as establishment of a BH team dedicated solely to mental health assessments of children served by CW.
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 potential subclass members referred for mental health assessment have been assessed during this reporting period. The county has developed a screening, referral and assessment protocol which will ensure that all required assessments are completed in a timely manner.
4	Potential subclass members who were unknown to the MHP during the reporting period.	1298	This number represents the total number of youth served by the Child Welfare System (1,522) during this reporting period, minus those assessed and provided services (224) through BHD.

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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	224	BHD and CW utilized the methodology developed during the last reporting period in determining those children enrolled in both systems in order to conduct a subclass eligibility screening. The Mental Health Screening Tool (MHST) will be applied to ALL Children entering dependency starting May 2014. This process will include the determination of Class and Subclass members. This coordinated screening process has been enhanced to include BHD and CW in weekly joint staffing meetings for case review and coordination of services.
2	Receiving Intensive Care Coordination (ICC).	22	In July 2013 an ICC & IHBS pilot program was implemented, which included the Core Practice Model. ICC and IHBS services were provided during this time. BHD staff of the Child Welfare Subsystem and CW Child and Family Services staff, implemented ICC and IHBS with identified subclass youth across the system. This pilot program has now expanded and use of ICC and IHBS will be implemented across our system, including our contract provider partners, as of June 2014.
3	Receiving Intensive Home Based Services (IHBS).	21	See #2
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.*	14 Wraparound	The Ventura County contract provider of Wraparound services has scheduled staff training for mid-May to incorporate the provision of ICC and IHBS services into their Wraparound program as indicated.

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*	17 TBS 1 ITFC Tot=18	TBS and ITFC are also provided by contractors in Ventura County. Services are now being provided and additional training needs have been identified regarding the Core Practice Model. Trainings will occur through July 2014.
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).	162	An additional 162 children in the CW system received mental health services not reported in 2, 3, 4, & 5.
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	All subclass children identified are receiving MH services.
8	Declined to receive ICC or IHBS.	0	No declinations noted in progress notes in CWS system. Future tracking of this data point is being developed by the data committee for both BHD Netsmart and CW CWS/CMSS.

County: Ventura **Date: 05/01/14**

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 August 31st**	**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	Children served by CW who newly enter the BH system now receive services through a dedicated BH program, the "Child Welfare Subsystem" or CWS program. Those who are identified as subclass children receive ICC through the mental health clinicians in this program. Additional subclass children are being served by BH through our community clinic system, as well as community based providers. These children began receiving these services prior to the implementation of Katie A. BH is training those mental health staff on ICC billing and will be providing ICC to these existing subclass children during the upcoming reporting period.
1 (b)	IHBS	40	As indicated above, IHBS is being provided to children in the subclass through BH's CWS program. This will be expanded to include community contract providers as training and expanded contracts are put in place through July 2014. It is anticipated that the county's BH system will have the capacity to provide IHBS for up to 40 children during the upcoming reporting period.

Is your county experiencing the following implementation barriers?

Hiring	Yes – X	No
Training	Yes – X	No
Service Availability	Yes – X	No
County Contracting Process	Yes - X	No

County: Ventura **Date: 05/01/14**

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

Hiring:
As county agencies, both CW and BHD must follow stringent county guidelines and procedures in the request for recruitment. This process has slowed the recruitment, hiring and training of staff in many respects. However, BHD began the hiring process as of April 18, 2014. An additional challenge is the competing employment opportunities in Ventura County. Recruiting competent, eligible staff is often limited by the number of qualified, bi-lingual and culturally competent staff applying.

This issue of adequate staff to respond to the increased demand for services through KatieA implementation directly affects service availability and has slowed the implementation process. The continued commitment to the development of meaningful data collection processes and integrated systems across both agencies has been a slow, but steady process. It is important to note that both agencies remain committed to the development and full implementation of systems that support the requirements of this joint project. As we have become more familiar with and implemented the CPM model including IHBS/ ICC internally, we are now positioned to schedule this training with our contract providers. It is anticipated it will take an additional 4 months to schedule and implement these trainings across our community provider panel. In addition, we continue to monitor the training and education needs regarding about Katie A and the CPM throughout the continuum of mental health service providers and child welfare providers and advocates. Expansion of contracts with CBOs to meet the specialized needs of this population is in process targeting the beginning of the new fiscal year – July 1, 2014 – for implementation.

County: Ventura **Reporting Period: 9/1/13 – 2/28/14** **Date Completed: 05/01/14**

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
Agency Leadership *Leadership's experience implementing family-centered services in a collaborative setting.*	Ventura County's collaborative infrastructure includes shared leadership and accountability, with representatives from both Child Welfare (CW) and the Behavioral Health Department (BHD) at all levels. Designated project managers continue to provide leadership and oversight for design and implementation of integrated services. Collaborative workgroups within the planning structure continue to meet regularly to ensure successful rollout of the various elements of implementation in a manner that is family centered and consistent with the mandate. Additionally, the shared leadership structure at the management and executive levels has been instrumental in identifying needed resources for implementation and in developing a plan for incremental implementation of integrated services. Furthermore, executive management from both agencies have worked together with county executive offices and the board of supervisors to present a viable plan to secure additional resources for implementation.	N
Systems and Interagency Collaboration *How collaborative approaches are*	Ventura County continues to use a collaborative approach in all aspects of program development and implementation of services to children and families. Workplans for each of the committees and workgroups identify both training and policy and procedure needs	

used when serving children and families.	related to Katie A implementation. As integrated services are being implemented or modified, they are being done so in a manner that ensures clear communication across agencies about roles as well as points of coordination and shared responsibilities. Services are also being implemented strategically and collaboratively to ensure resource capacity on the part of both agencies. Specific examples of services collaboration include: -Implementation of child and family team meetings, using a process and tools that were developed jointly by both agencies. CW and MH workers work together on a case-by-case basis to determine how best to engage each family in the CFT and in determining who will take the lead role in facilitating the CFT meeting. -Mental health screening of children newly entering CFS. Once the CW social worker conducts the screening, it is triaged by MH to ensure appropriateness for assessment. The priority for assessment is then collaboratively agreed upon at the CW "services staffing" meeting for new cases, which is a multidisciplinary meeting to determine services priorities for all incoming CW children. -Recent amendment of CW findings and orders to promote better sharing of relevant information across both agencies in a manner that will facilitate comprehensive, family driven services. This included collaboration between both programmatic and legal staff from each agency.	N
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	CW and BHD have a long working relationship that includes ensuring mental health services are tailored to the unique needs of children in the CW system, through a dedicated MH program to serve those children. Referrals of CW children have increased with the rollout of integrated services and this program is nearly at capacity. Therefore, as we have indicated elsewhere in this report, the current systems capacity is not sufficient to meet the projected need for increased screening and assessment and enhanced, integrated services under the Katie A mandate. Therefore the county has developed a comprehensive plan for incremental resources increases to ensure appropriate services are provided to children in	N

	class and subclass. This will include a dedicated Screening, Triage, Assessment and Referral (STAR) team dedicated to assessment for MH services of CW children as well as expansion of the current system of mental health treatment supporting children in the CW system. Initial training in integrated services, trauma focused care and several of the practice tools has already occurred across both agencies. Staffing at both agencies already has a foundation in training and practice in strength based, family centered services that will support the further implementation of integrated services to children in class and subclass.	
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.*	Ventura County has developed a plan for comprehensive, integrated services to support the mental health needs of children and their families across the child welfare continuum. Initial implementation has been focused on service to those children in subclass. Specific emphasis is also being placed on ensuring that services are culturally relevant, outcome driven and innovative. In addition, both agencies are training staff in the provision of trauma informed care. We continue to explore and develop services that are integrated across both agencies through shared programmatic, contracting and fiscal strategies. For example, we are exploring which services contracted through CW have a therapeutic component that would allow for leveraging of EPSDT funding. Dedicated training and services are also being developed for populations such as children 0-5 and those youth who are 18-21 years old.	N
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	CW and BHD remains committed to the development and implementation of conjoint, co-facilitated trainings for both agencies, with the knowledge that we are fostering collaboration and understanding of the CPM and overall integrated services. During this reporting period, three trainings were conducted on October 31, 2014 that including CW Social Workers, BHD clinicians, and administrators in both agencies. The conjoint training on CPM focused on core values and practices, role of CFT teaming, youth and family driven services and trauma informed care. Over 214 attended with 171 CW staff and 43 BHD clinicians. Great attention was given to the elements CPM that embraces the engagement of families and teaching of the CPM. Together BHD and CW recognizes that the shift in culture which includes a change in the way CW and BHD work together, as well as shifting the	N

	culture in which CW engages families. Our collaborative trainings focus on this shift in culture which has increase attendance to additional trainings sponsored by each agency. For example, an annual BHD conference called Carpe Diem held on March 7, 2014, focused on the neurobiology of broken attachment with and the integration of trauma- informed mental health services. CW staffs, CBOs, parents, foster parents were encouraged to attend. Additional joint training is scheduled for April 2014 on Trauma Informed Practice for CW and BH staff by the California Center of Excellence for Trauma Informed Care. We have reviewed two models of intervention to address the mental health need of the 0-3 population and which would include engagement with foster families, early childhood development, trauma informed care, and attachment. One model follows the California Center Training Guidelines for Infant Family Mental Health Specialist and the other is the Minding the Baby model founded by the Yale Child Study Center. As we implement the Katie A stakeholder process, we are giving families an opportunity to share feedback on the quality and effectiveness of current services as well as proposed changes in our services. On November 6, 2013 a joint presentation was conducted on the Katie A overview and the initial planned changes to our systems at the Partnership for Safe Families and Communities, a network of public and private agencies focusing on services for children and families. We have identified forums to conduct focus groups with families, youth, foster parents and CBO's. These focus groups will provide forums for feedback on both development and outcomes. At the Children System of Care/Community Oversight Committee (CSOC), a regular update on the implementation is provided with input and question addressed from CYC (youth) representative, CBOs, Parent Partners, and other community representatives.(which name do we use).	
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Cross training of CW and BHD staff on October 31, 2013 integrated elements of working in a cultural competent system. CW and BHD are building upon our existing systems to ensure that as we implement Katie A we continue to work effectively in cross-cultural settings. . BHD has materials available in Spanish and CW is in the process of assessing the cultural appropriateness of their educational, informational and case planning documentation. CW has materials and forms in Spanish and is in the process of ensuring a consistent	N

	approach to appropriately ensuring case plans and other related documents are completed in clients' primary language. Recruitment efforts of both agencies will continue to meet the cultural and linguistic needs of the population of Ventura County.	
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	The Data Committee is developing shared systems for data collection, tracking, analysis and evaluation. A screening tool was developed and is now being utilized to identify subclass throughout BHD and contracted CBOs. A Mental Health Screening Tool has been piloted and now adopted by BHD and CW. The Data Committee is also identifying outcome and process indicators that will be utilized to monitor and assess integrated programming. These indicators include current indicators specific to each system that will be adopted in assessing Katie A programming The Data Committee is also identifying and/or developing measures which will assess the integration of services. Furthermore, the committee is beginning development for data exchange and shared evaluation, including exploring software solutions for the establishment of integrated databases.	N
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	CW and BHD continue to collaboratively implement a comprehensive system of care design which is family centered and meets the services needs of the Katie A class and subclass. Key to collaboration have been the function of the Steering Committee, Program Committee, and the Data Committee in further refining the proposed system of care while being flexible and fluid with decisions to best meet the needs of Ventura County. This collaboration resulted in the presentation and resource request to the Ventura County Board of Supervisors in April 2014. This provided an opportunity to educate the Board of Supervisors about the critical importance of integrated services to children and families and about the resources needed to fully serve families in a comprehensive manner.	N