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

County: Sacramento **Date: April 30, 2014**

☑ 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: Sacramento **Date: April 30, 2014**

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	2,074	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	TBD	We are identifying a way to track this information with accuracy. Currently we are operating on the assumption that this is a very small percentage.
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.	148 (please refer to Part C barriers)	The Katie A. Steering Committee will provide leadership and direction regarding expansion of service capacity to inform the FY14-15 contract cycle. For those in need of an assessment or mental health service by the MHP, contract monitors will provide oversight to agencies relative to "time to engagement" to determine best practices, barriers, needs and resolution. Avatar reports on timeliness will be monitored and reviewed.
4	Potential subclass members who were unknown to the MHP during the reporting period.	367	Many variables account for this number. An annual screening by CWS will be implemented to identify children who, though not initially requiring a mental health assessment, may need one due to behavioral or other changes.

County: Sacramento **Date: April 30, 2014**

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	1,707	
2	Receiving Intensive Care Coordination (ICC).	139	Only two months reflected in the data due to the implementation date for billing codes.
3	Receiving Intensive Home Based Services (IHBS).	89	Only two months reflected in the data due to the implementation date for billing codes. The unduplicated number of children who received ICC and/or IHBS is 150.
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.*	83	FSPs not claiming to ICC/IHBS. The plan is to implement ICC/IHBS codes for FSPs in the future.
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*	275	
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).	N/A	This data is not available since we cannot access data for services provided outside of the MHP.
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	459	These children have not received mental health services during the review period, but were known to the mental health system in the

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

			past. There are multiple factors reflected in this category including better identification and matching needed. Katie A, Steering Committee is analyzing this category as part of implementation. This data period may not reflect changes already in motion.
8	Declined to receive ICC or IHBS.	Unknown	We did not have the ability to track this information during this period. However, after July 1, 2014, this information will be captured by the MHP for youth receiving services within the MHP and indentified as subclass eligible. Subclass services will be offered by the MHP Access Team and disposition will be recorded in the Electronic Health Record.
9	Meet Subclass criteria, but are receiving class level services	740	This number may change as full implementation of Katie A. moves forward and the current system is adjusted.

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	405	Documentation training and billing code permissions will be provided to all provider agency staff providing ICC and IHBS services no later than July 1, 2014. Quality Management documentation training incorporates Katie A. elements as does the introduction to the electronic record system.

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

1 (b)	IHBS	405	Methodology for ICC And IHBS projections: • Took the year to date totals for all children in the programs that will be billing ICC/IHBS. • Determined the percentage who were CPS based on the percentage served in the current time period • Applied that percentage to the total served Although the number seems low, it is 170% increase from the number of children who received ICC/IHBS during the current reporting period.

Is your county experiencing the following implementation barriers?

	Yes/No	If YES, explain
Hiring	Yes	Delays in filling vacancies impacted the flow and processing of referrals into the MHP. Hiring was under way however as of the week of April 21 there is a county-wide hiring freeze.
Training	Yes	Refinement of the data fields and testing of the Electronic Health Records system created delays in training during the review period.
Service Availability	Yes	The MHP has five contracted providers available and is monitoring capacity and impact to the FY14-15 contracts. Planning for addressing Katie A. service availability is part of the current MHSA planning process.
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.

Changes in administration and leadership occurred during the review period resulting in a natural learning curve relative to decision making and implementation.

County: Sacramento **Reporting Period: 9/1/13 – 2/28/14** **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)
Agency Leadership *Leadership's experience implementing family-centered services in a collaborative setting.*	During the reporting period, the Katie A. Steering Committee continued to meet every two weeks to strategize new systems and best practices for implementing the Core Practice Model (CPM). Four subcommittees (data, training, information-sharing and program development) also met regularly during the period. Topics that have been addressed during this period include: 0-5 and 5+ screening tool; information-sharing; training; ICC CFT manual; and IT testing and implementation of the DPI and IHBS/ICC billing codes. The Steering Committee conducted a one-day planning retreat on October 25th, 2013 to map out the implementation of the CPM. This retreat was facilitated by the Northern California Training Academy-UC Davis Extension. A parent partner participated in the retreat. Topics discussed included: screening tool, referrals to the Mental Health Access team, the Child and Family Team as well as the screening tool and referral process pilot. To facilitate communication and dissemination of information to all Katie A. Steering Committee and subcommittee members, Sacramento County launched a SharePoint web site which contains relevant documents, links, calendar dates and announcements. Several ongoing multi-system meetings occurred during this reporting period and included the following: • Bi-monthly meetings between Child Protective Services (CPS), Behavioral Health	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	Services (BHS), Probation, and Wraparound service providers. • Residentially Based Services (RBS): o Meetings occur twice a month and are attended by BHS, CPS, Probation and service providers. • IMAC: Interagency placement committee. The following partnerships continue to exist between BHS and CPS: • CPS/MH Assessment Team: BHS clinicians partner with CPS Social Workers to provide emergency assessments to children and caregivers. • HEARTS for Kids: BHS clinicians and Public Health Nurses provide preventative medical exams, home visits and linkages to services to children 0-5 who enter the foster care system. • Independent Living Program (ILP): BHS collaborates with CPS by providing funding to expand the Independent Living Program in order to serve foster and non-foster homeless and LGBTQ youth ages 16 – 25 years. • Wraparound services, administered by BHS, serving CPS children and youth. • Residentially Based Services (RBS), administered by BHS, CPS and Probation, serving both CPS and Probation children and youth. • Children's Receiving Home Assessment Center: BHS administers a program for CPS female youth (ages 12 to 18) who are in need of psychological testing and assessment. • Sierra Forever Families: A program administered through BHS designed to help foster children and youth achieve permanence. During this reporting period, family and youth voices were included in planning meetings and other forums as follows: • Family Partners and Youth Peer Mentors regularly attended Child and Family Team Meetings facilitated by Wraparound and other intensive service providers. • Family and youth advocates attended Katie A. Steering Committee as well as Training and Program Development Subcommittee meetings. • Family and youth advocates participated in the MHSA Steering Committee meetings that occur every other month. • BHS has family voice representation at weekly management meetings to advise leadership. • Family Partners and Youth Peer Mentors serve at the management level at provider agencies that have contracts over $1 million to advise contract provider leadership and provide the family and youth voice in both service delivery and policy development. • Family Partners and Youth Peer Mentors regularly attend the Sacramento County Cultural Competence and System-wide Community Outreach and Engagement Committee meetings	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	and sponsored activities. • Family Advocates participated in the 8th Annual UCD Psychotic Disorders Conference. • Youth Advocates and Family Advocates attended the Central Region Cultural Competence and Mental Health Summit. • Family Advocates attended the Integrating Substance Use, Mental Health and Primary Care Services Conference. • Youth Advocates attended the Intensive Behavioral Services Conference.	
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	BHS and CPS have ongoing contracts and MOUs with providers (short-term counseling, RBS, Wrap, FFAs and others) that clarify roles, responsibilities and expectations and also articulate strategies for meeting the needs of children and families. During the reporting period, in addition to the collaborative meetings described in the above section, the following activities took place: • In September and October, CPS and BHS leadership, County Counsel and the Children's Law Center (attorneys representing children in Sacramento County) met to discuss the mental health screening process and plan a meeting with providers to address information sharing issues. • CPS and BHS leadership, County Counsel and the Children's Law Center met with mental health providers on November 12th and December 6th, 2013 to clarify issues related to consent, confidentiality and information sharing. A total of 63 participants attended the November meeting and 65 attended the December meeting. • CPS conducted two "1 STOP" events, one in the North Region and one in the South/Central Region. These events are collaborative efforts between mental health and community providers (RBS, WRAP, Fast Track, Destination Family, Celebrating Families, Family Resource Centers, CAP Kids, and Kinship Support Services as well as parent advocates). Through this innovative practice, service providers come to CPS offices and offer case consultation and education to social workers, and help them complete referral forms. • Three Children's Stakeholder Meetings, facilitated by BHS, were held during the report period. Representatives from community organizations, CPS, Probation, school districts, and family attended these bi-monthly meetings. • CPS and DHBS managers jointly participated in the Katie A. TA weekly calls. • CPS and BHS leadership participated in monthly CWDA and CMHDA discussions related to Katie A. • CPS Executive Management Team monthly meetings include Katie A. as an ongoing agenda item. Katie A. is also an ongoing agenda item during weekly BHS Program Development and Support meetings. • BHS, with collaboration from CPS, presented the County's progress toward full Katie A. implementation at the State EQRO review in September.	N

<table>
<tr><th>Readiness Assessment Section</th><th>Description of Activities</th><th>Training or TA Needed (Y or N)</th></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Systems Capacity
The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</td><td>
Presently, 20-32% of children who have an open CWS case are members of the subclass. During the reporting period, children ages 0-5 entering foster care continued to receive developmental screenings and referrals to both mental health and developmental services. During the reporting period, the following activities were conducted in order to increase capacity:

BHS, CPS and stakeholders finalized draft mental health screening tools that included culturally sensitive measures for 0-5 and 5+ to be administered by CPS social workers to children in the child welfare system. These draft screening tools were also tested during a pilot project conducted during this reporting period.
CPS continued training, coaching and mentoring staff on family engagement strategies.
Ongoing meetings during this period included MHSA Steering Committee, BHS provider meetings, Youth and Family Advocates meetings, and Children's Stakeholder meetings.

The table below details training completed during the reporting period:
<table>
<tr><th>Project Name</th><th>Project Description</th><th>Project Completed Date</th></tr>
<tr><td>CPS Resource Fair</td><td>Invite Sacramento County MH Providers to attend CPS Resource Fair to encourage networking, better understanding of services available in our community, and communication between MH and CPS.</td><td>September 10, 2013</td></tr>
<tr><td>Understanding the Prolonged Effects of Childhood Neglect and Impact on Children
Trainer – Dr. James Henry</td><td>

Trauma training target audience: CPS Supervisors and Social Workers. Some slots were available for MH and Probation
Training Objectives:

Describes the effect of trauma-related attachment failure on children.
How attachment issues challenge effective case planning and treatment.
How attachment is both an emotional and bodily experience.
Combining psychodynamic and somatic approaches for addressing issues.

</td><td>October 16, 2013 and October 17, 2013</td></tr>
<tr><td>Screening Tool Pilot Training</td><td>

Training target audience: Volunteer SW from CPS
Training Objectives:

</td><td>December 13, 2013 and December 16, 2013</td></tr>
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</td><td>N</td></tr>
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<tr><th>Readiness Assessment Section</th><th>Description of Activities</th><th>Training or TA Needed (Y or N)</th></tr>
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<tr><td></td><td>1. Overview of Katie A. and pilot project
2. Instruction for completion and submission of Screening Tool
3. Instruction for data entry into CWS/CMS</td><td></td></tr>
<tr><td>Subclass Service Provision Pilot Training</td><td>• Training target audience: MH FIT Providers and Wraparound Providers who serve children/youth who are identified as meeting Katie A. Subclass Criteria.
• Training Objectives:
1. Overview of Katie A. and pilot project
2. Overview of Core Practice Manual and Medi-Cal Manual
3. Introduction to new services codes for IHBS and ICC-CFT
4. Documentation standards for new service codes and service provision for children/youth who meet subclass criteria.
5. Instruction for data entry into Electronic Health Record system.</td><td>November 22, 2013</td></tr>
<tr><td>Trauma-Informed Healing Caregivers
Trainer: Jayne Schooler</td><td>• Training target audience: Foster Parents, Birth Parents and Family Advocates
• Training Objectives:
1. What families need to know to succeed with traumatized children.
2. Changing the agency culture and language around trauma-informed care
3. How to support families who have experienced trauma.</td><td>December 3, 2013</td></tr>
</table>
</td><td></td></tr>
<tr><td>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.</td><td>During this reporting period, Sacramento County BHS provided the following services that are consistent with the Core Practice Model expectations for Subclass Services:</td><td>N</td></tr>
</table>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)

Current IHBS Services Provided in Sacramento County

IHBS	Description	# Providers
EPSDT Services:	Intensive	
Wraparound	An intensive, community-based, individualized, strengths and needs driven, family focused, culturally sensitive approach for children with serious emotional or behavioral problems.	4
Flexible Integrated Treatment (FIT)	Range of service based on needs of the child and family. From more routine outpatient services up to intensive mental health services with interagency service coordination. Intensive services are community-based, individualized, strengths and needs driven. Program allows children and youth to remain with same counselor as they step down to lower level of care.	4
Therapeutic Behavioral Services (TBS)	A supplemental short-term service that provides one-on-one treatment intervention for children and youth with serious emotional issues who are experiencing a stressful transition or life crisis	4
Residentially Based Services (RBS)	Flexible, intensive mental health services delivered in the group home and the community	3
Sierra Forever Families (Destination Families)	Counseling, family finding and intensive case management services to assist children and youth achieve permanency.	1
Full Service Partnership		
Transcultural Wellness Center (TWC)	FSP program providing a full range of services focusing on Asian Pacific Islander individuals and families.	1
Turning Point Pathways	FSP program providing comprehensive, integrated mental health and permanent supported housing & employment services. Housing first model.	1

Readiness Assessment Section	Description of Activities			Training or TA Needed (Y or N)
	Juvenile Justice Diversion and Treatment Program	FSP program providing comprehensive assessment and treatment for pre-and post-adjudicated youth at risk of incarceration.	1	
	Intensive Treatment Foster Care (BHS does not contract for this service but CPS has Memoranda of Understanding with two providers)	ITFC serves children and youth who have complex needs that require more support than standard foster care.	2	

Additionally, the following Evidence-Based practices were provided:

- The Incredible Years - a training program to help parents manage children with behavioral issues. This program is provided by Birth & Beyond Family Resource Centers located in at-risk neighborhoods.
- Multisystemic Therapy - addresses the behavioral problems of delinquent youth with the goal of improving functioning and empowering families to utilize community resources to achieve a healthier family environment.
- Multidimensional Treatment Foster Care - for severely delinquent youth as an alternative to residential care. It provides the youth and their families with therapy and support.
- Parent-Child Interaction Therapy (PCIT) - used for children with significant disruptive behaviors, placing special attention on the parent-child relationship. It not only helps with the child's behaviors but also empowers the parents to use effective parenting strategies.
- Trauma-Focused Cognitive Behavioral Therapy - a treatment model for children and adolescents experiencing post-traumatic stress and related emotional and behavioral issues. It is often used with children who have experienced multiple traumas prior to and during foster care. It is designed to provide treatment to the child and the parents.
- Functional Family Therapy - a short-term family-focused relational intervention, which is strength-based and usually involves 12 sessions over a 3-4 month period.
- Dialectical Behavior Therapy (DBT) - a cognitive-behavioral approach that has two key characteristics: (1) a behavioral, problem-solving focus combined with acceptance-based strategies; and (2) an emphasis on dialectical processes.
- Alternatives for Families, Cognitive Behavioral Therapy (AF-CBT) - represents and approach to working with families whose histories involve child physical abuse, harsh/excessive physical discipline, and/or coercion/hostility and conflict, as well as with children/adolescents who present with significant behavioral dysfunction.
- Latino Multi-Family Group (LMFG) - specifically adapted for use with monolingual

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	Spanish-speaking Latino families participating in mental health services. The objective of the group is to provide the families with education and problem solving skills in a group environment with other culturally compatible families. • Aggression Replacement Training (ART) - a multi-model intervention designed to alter the behavior of chronically aggressive youth. With considerable reliability, it appears to promote skills acquisition and performance, improve anger control, decrease the frequency of acting-out behaviors, and increase the frequency of constructive pro-social behaviors.	
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	BHS and CPS value and encourage participation of children, youth and families in decision-making and utilize multiple strategies to involve them in the provision of care. During the reporting period, BHS and CPS involved families, youth and children in the following ways: • CPS conducted 437 Team Decision-Making (TDM) meetings to ensure the family and child's voices were included in decisions related to placement of the child. • All Behavioral Health contracted providers that have a contract of over one million dollars are required to have a minimum of one Family Advocate and one Youth Advocate with lived experience as part of their executive leadership team. • Four Family Advocate Committee (FAC) meetings were held and attended by a BHS manager and all Family Partners in the BHS funded services. Four Youth Advocate Committee (YAC) meetings were also held with participation by a BHS manager. FAC meetings are held on the 2nd Thursday of each month except for the month of the quarterly provider meeting. YAC meetings are held on the 3rd Friday of the month except for their quarterly field trips to visit community resources. In addition, representatives from FAC and YAC participated in Katie A. Subcommittee meetings and BHS Children's Stakeholder meetings. • CPS Emergency Response, Court Services, Informal Supervision, and Dependency programs are utilizing Signs of Safety (SOS) engagement tools. The values for SOS mirror the Core Practice Model values, and encourage respectful engagement, emphasis on family strengths, and child and family involvement in the creation of safety goals and a safety plan for the family. • Child and Family Teams that mirror the philosophical tenets of the CPM are an integral part of the County's Wraparound, FIT, and RBS programs. • A Family Coordinator with lived experience participates in the weekly BHS management team meetings and Children's mental health management meetings.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	CPS and BHS Programs are designed to take into account the cultural and linguistic needs of children and families. CPS currently employs 58.8 FTE social workers with special skills in a variety of cultures including African American and Hispanic cultures and languages, including Russian, Lao, Vietnamese and Spanish. In Sacramento County, the DSM IV-TR and subsequent DSM-5 Cultural Formulation guides assessment and treatment planning, including connecting families and children to natural supports. Embedded in the Sacramento County Cultural Competence Plan are seven system-wide goals to ensure that the cultural and linguistic needs of our community are addressed. One of the goals targets the workforce to ensure that mental health staff mirror the cultural and linguistic makeup of the county. The annual Human Resource Survey is the tool used system-wide to monitor requirements related to this goal. Since 2007, BHS has provided the 32-hour California Brief Multicultural Competence Scale (CBMCS) training for staff that includes a variety of topics (didactic and role- plays) to increase knowledge, sensitivity and responsiveness to cultural differences. To date, 332 BHS staff members have received the 32-hours of training. Starting in June 2013, BHS began piloting a 16-hour Cultural Competence Foundational Training Utilizing the California Brief Multicultural Competence Scale (CBMCS). During this reporting period, 76 individuals have received this training with a total of 109 individuals receiving the pilot training from June 2013 to February 28, 2014. Additionally, BHS requires all system-wide interpreters attend a 21 hour intensive skills building Interpreter Training Workshop that also includes an additional 7 hour training for treatment staff utilizing trained interpreters. In addition, CPS and BHS translate key documents into the languages defined by the State as threshold languages for Sacramento County, in addition to translating other essential materials as requested. Written service plans can be translated upon request or when the need is identified. In addition, the service plan is discussed with the families and children in their native language. BHS works with and funds programs such as Supporting Community Connections, targeting various cultural and ethnic communities including LGBTQ, TAY, foster youth, and homeless TAY; Asian Pacific Community Counseling Center (APCC); and La Familia Counseling Center to provide cultural and ethnic services to the diverse communities in Sacramento County. BHS also partners with other culturally based community organizations to meet the cultural needs of our children and families. Lastly, CPS and BHS accommodate all language requests through bilingual staff or interpreters that are available at no charge to the children and families. During this reporting period, the following additional activities occurred: • BHS' Cultural Competency and System-wide Community Outreach & Engagement Committees held 4 meetings each	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	• BHS' Cultural Competence and System-wide Community Outreach & Engagement Committee members and other participating agencies/programs participated in 310 outreach activities/events and presentations with a total of 7,886 contacts • BHS' Cultural Competency and System-wide Community Outreach & Engagement Committees organized and held a community based Latino Behavioral Health Week Special Presentation entitled, "The Psychological Impact of Immigration in the Latino Community," that was open to the public with approximately 100 community members and providers/partners attending. • BHS was a host county for the annual Central Regional Cultural Competence and Mental Health Summit entitled "Cultural Competency and Workforce Development: The Bridge to Healthcare Reform" in October 2013. As host and sponsor, BHS participated in the planning and presentation of the regional Summit. Forty-six county and contract agency staff, community members and those with lived experience attended the Summit.	
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	Sacramento County Behavioral Health Services and CPS collect an array of data that supports the Katie A. reporting efforts. Since the last readiness assessment, both departments have been working together on how to integrate and share data from one system to the other to ensure compliance with Katie A expectations as well as mitigate any duplication of efforts. The following efforts have occurred during this reporting period: • The Division of Behavioral Health finished adding key indicators in the Electronic Health Record (Avatar) for tracking Katie A class and subclass children. Children in Avatar will be able to be cross referenced with CWS/CMS based on the child's unique ID in CWS allowing for reporting across programs and divisions. • BHS and CPS identified all children currently open to the system that meet the qualifications for the subclass and there are current efforts underway to ensure the ability to regularly and accurately identify the children in both CPS and BHS systems. • All class and subclass members open to BHS are being assessed, using the CANS, at baseline and every 6 months. These assessments will allow us to report on outcomes around strengths and needs as well as help us assess level of service needs for each child. • The following outcomes have been identified this report period to begin tracking: o Increase the number of children being identified in CPS that have mental health issues	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	o Decrease in youth risk behaviors (suicide attempts, self-harm, danger to others, runaway etc.) as captured on the CANS o Decrease in crisis visits and acute hospitalizations o Timeliness to Services o Time between initial CPS referral and completion of screening o Time from initial CPS screening to Access assessment o Time from Access assessment to first face to face at outpatient provider o Length of time in service Additional system indicators identified to be tracked: • Total number of screenings completed • Total number of positive screenings • Number of positive screenings referred to Access Team • Number of Access referrals that get linked to outpatient services • Number of subclass/class CPS and BHS collaborated to conduct a test of the Katie A Screening Tool and Referral Process. CPS social workers and supervisors volunteered to participate in the 45 day pilot and provided feedback used by management to revise the tool and tweak the referral process. Three training sessions were provided to CPS pilot volunteers by both CPS and BHS staff. Training topics included the CPM, the screening tool and documentation in CWS/CMS. After the pilot, feedback was gathered from volunteers via two focus group sessions and a survey monkey.	
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	BHS provides mental health services to Children referred by CPS. Services are provided through contracts with community based organizations as well as county operated programs. These services are funded with Mental Health Services Act funds, 2011 Realignment, and Federal Financial Participation funds. Service costs are tracked in the county's financial billing system and the data is sent to the State with the Medi-Cal claiming process. BHS leverages local funds to the extent possible to maximize the funding available to provide services. CPS and BHS budget staff meet regularly to discuss the needs for services and funding available. Ongoing Collaborative Funding Efforts this Report Period:	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	• BHS and CPS work collaboratively to provide braided funding for the 2 Senior Mental Health Counselors who provide assessment services for caregivers and children referred by CPS. • CPS provides funding for the Residentially Based Services (RBS) program jointly monitored by CPS and BHS.	