



California Institute for Behavioral Health Solutions
Katie A. Technical Assistance Webinar Series Presents
“Implementing Katie A: Small County Perspective, Part 1
June 24, 2015

Questions & Answers

Chelsea, what is your experience in implementing CFTMs for EFC and/or Non Dependent Minors?

Because non-minor dependents have the right of first refusal we have offered CFTs to our non-minor dependents. But all of the ones we have set a date for have not wanted a CFT. In Napa County we hold Life Conferences, which are meetings designed to help youth become independent when they turn 21. A lot of our youth believe that is the venue for them to talk about their goals, whether they are personal, mental health, etc. Usually they are well-served in that capacity.

Question for Napa County: can you elaborate on how you are being mindful of cultural humility/sensitivity pertaining to assessments and CFTs?

One of the core practice model values is diversity and being culturally sensitive. We are bringing on two new staff members that are bi-lingual and bi-cultural. Also, MH has a full-service partnership with a mental health program that is our WRAP around primarily serving Spanish speaking families, but that’s not the only group that they serve. The majority of their staff is bi-lingual and bi-cultural, and we have partnered with them on several cases so Spanish speaking families are receiving those MH services. We provide the facilitation. We partner with other providers that are more culturally close to the families that we serve. We have regular diversity training and we have a committee on diversity in the Health and Mental Services Department.

Does either county have any data on the average cost per sub-class child?

Napa County: We do not have that yet.
Kings County: We do not have that yet.

How are you collecting data (pen/paper, Database, spreadsheets) on CFTs and other Katie A. related activities?



Kings County: We use Anasazi and we collect data using an Excel spreadsheet. This is one of the tasks of the recovery support coordinator in our full-partnership program, and who is assigned to our Katie A. WRAP kids.

Napa County: We use Anasazi. Napa County has to have other counties serve our foster kids because we do not have enough foster families. Not all kids are in our MH system so we have to do a lot manually. CW has an internal way to keep a database and compare it. We have not figured out a way to have our systems talk to each other yet, but we are talking to Anasazi workgroup statewide to find ways to simplify it.

What variables are being tracked on excel spread sheet?

Kings County: the date of referral, Katie A. or Katie A. class, name, DOB, age, ethnicity, address, school attending, WRAP or TBS coach and the coach names, if they have a caretaker and caretaker's name.

Question for Napa County: what is the case load size for the PWB worker?

We are anticipating that each of the clinicians will have about ten cases. We are getting some very difficult cases requiring a lot of time so we are looking at that on a regular basis to see if that is an appropriate amount. That is CW and juvenile probation.

What kind of challenges occurred following implementation of the CFT and referral process in terms of collaboration? And how do you keep it going?

Kings County: our deputy director and the director of CPS were assigned to oversee Katie A. in our county. There were many, many meetings. The biggest issue was understanding culture. We went back to re-evaluate and focus on the real issue to service our youth.

We keep it going by scheduling regular meetings. We have the ICC and Family Builders keeping account of when the child is coming back before the review team again. Everyone always shows up for these meetings. We had a social worker who made 106 phone calls for one child for placement because we do not have any facilities in our county.

Napa County: we also have experienced a lot of bumps in the road as Kings County has experienced. It really comes down to role clarification and communication, and with regularly



scheduled meetings to process issues as a group with what works, what does not work and the next steps to take. Our staff works with CW staff when any bumps happen, and we work within our staff to help support resolving the challenges that we encounter.

Question for Napa County: can you talk more about how confidentiality is being handled currently? Specifically, how do you communicate CFT minutes to team members, other communication between social workers and mental health staff about clients while maintaining HIPAA guidelines?

Every new case coming into foster care gets a universal MH screening and releases are signed so CW and MH can talk for the life of the dependency case. If eligible for the Pathways Well-being Program, that helps facilitate the conversation with MH for services.

From the MH perspective we get the releases signed. Katie A. has brought to our county the re-examination of that process within county counsel and leadership to create new agreements. Currently, to make sure we are respecting confidentiality, releases are signed by everyone who attends CFTs as part of the process. We monitor for accuracy and make sure they are current. We have looked to other webinars and counties to see what they are doing. We are interested in suggestions.

Releases signed on the life of dependency? Don't these expire after one year?

Typically, MH practices the one year expiration of releases, but for the initial releases we worked with our county counsel and got an agreement for “until the cases is dismissed”. This allows CW to give a referral to MH and to talk about the case. MH has many different types of releases for various people.

We know that electronic care coordination can improve the safety net for children and youth so I'm interested in the electronic health records portion that you health records portion that improve the safety net for children and youth so I'm interested in the electronic mental health staff about clients while maintaining HIPAA gu? And do the youth also have access to their health information?

Kings County: It is Anasazi data system. Because our providers are using the same database system, we have a shared consent form that everyone involved signs at the start of intake to go through services. Our consent form is HIPAA compliant, and went through review with our county counsel. A program manager can see the records of other providers. Their records can



be sequestered. The guardian or adult has access to records, but a youth must be emancipated to request their records.

Question for Napa County: how do you determine open probation cases to be eligible for sub-class if they don't have a current open CW case?

We view them as part of the system because they are on probation. We apply the same criteria, and they need to meet the same basic sub-class criteria. They have to be on Medi-cal and have a qualifying MH diagnosis, which we do an assessment to determine that. Other factors are being at risk of losing a placement, being sent to a group home, hospitalization, or in foster care. It is the same eligibility form as CW.

Who makes up Family Builders?

Kings County: Family Builders is made up of WRAP coaches and FFA, which is a private organization for placement of foster children. We decided to contract with them for the WRAP program because they were initiating a program for their MFT interns, and we used those interns as our WRAP coaches.

How do you work with Katie A. youth in out of county placement? How are CFTs conducted when minors are identified as a sub-class in an out of county placement?

Napa County: we have a lot of kids in out of county care, which initially we were not serving them. We evolving to take more of a role in that, but we have not quite figured that out yet. We are working on determining who is responsible for follow-up. We have some kids that are high acuity, which we are staying involved while collaborating with partners in other counties to make sure they are getting services and offer CFTs.

King County: we use to see them in the tri-county area, which is Tulare County and Fresno County, but other than that we have not been serving that population yet.

Follow-up question: do you bill ICC and IHBS for the probation cases if they don't have an open CW case?

Napa County: yes.

Kings County: yes.



Can you describe how you collaborate with group home providers for Katie A. youth to prevent duplication of services in billing?

Napa County: we don't have any local group homes so all of our kids are out of county. We have not figured out how to work with our out of county young people. Mostly probation is placing kids in group homes, but MH can stay involved. We have to honor the 30 lock out for the ICC services. We provide regular targeted case management services until we are at the transition point. Then we restart the ICC process. We are hoping for more guidance.

Kings County: our group home kids are also out of county. We have not been servicing them as of yet, but we are working on a solution.

Question for either county: Are you aware of any Katie A. trainings or conferences upcoming?

The statewide learning collaboration that has been going on for the last year and a half is having its final convening on August 6th. That is for other counties and counties that have been involved in the learning collaborative. This is organized by CalSWEC, and limited to a few participants per county. CIBHS will be planning trainings for this upcoming fiscal year, you can check the CIBHS website for more resources: <http://www.cibhs.org/katie-implementation-technical-assistance-and-training> .