

Katie A 3<sup>rd</sup> Regional Collaborative.....February 6, 2015 San Luis Obispo

Present were RTA staff; CDSS; Dept. of Health Care Services; San Luis Obispo MH and CW; Santa Barbara CW and MH; Fresno CW and MH; Community Based Service Providers from Family Care Network and Aspiranet; Kern MH and CW; Tulare HHS; Madera CW and MH ; Mariposa CW; Chadwick Center for Children; Merced MH and H; Stanislaus CW

We began the meeting with a welcome from the Family Care Network and then Agenda was revised for the day. We began with all breaking into 4 small groups. These groups first began by brainstorming and discussing what is working in their counties to meet the goals of the Settlement Agreement. After the discussion the groups reported out the following:

**What has worked:**

- Colocation of child welfare and mental health clinicians has improved communication within these same departments. (Stanislaus, Mariposa, SLO, Fresno, Merced) Merced County has child welfare staff at the MH agency and MH staff is located at child welfare.
- Out of county Placement/ Group Home Unit was expanded to include Katie A (Merced)
- Monthly workgroup meeting between Behavioral Health and Child Welfare (Fresno, SB , and SLO)
- Support of the Board of Supervisors, Department Heads, management team (Fresno, Stanislaus). This support has allowed Stanislaus to have more positions approved to hire.
- Shared database (SLO)
- Collaborative relationships- trauma informed system of care (SB)
- Katie A weekly leadership meetings- 2x month implementation teams (Stanislaus, Fresno)
- Increased communication including providers and probation for all of the counties.
- Katie A. infused into existing meetings as much as possible.
- Contracted Katie A clinicians
- Single points of contact on both sides CW/BH (Merced, Santa Barbara)
- Single database (Kern)
- A county specific Screening tool is being utilized by all counties.

Next the small groups brainstormed and discussed the existing challenges in meeting all of the objectives found in the settlement agreement.

### **Existing Challenges:**

- Staffing remains a concern for all counties including the providers. All report difficulty recruiting, hiring and retaining qualified employees.
- Youth placement changes continue to be problematic so that the youth do not have an interruption in services.
- Collaboration is occurring but it takes a lot of manpower to schedule and coordinate this activity.
- Finding quality foster homes is difficult especially treatment foster homes. Further, the funding for the training that is needed for Intensive foster care (ITFC) is difficult to secure.
- Scheduling everyone is a challenge especially with the overall staffing issues.
- Training: Challenge to schedule ongoing training.
- Workload for staff. Both Child Welfare and Mental Health have other mandates that they need to meet. (All counties)
- Out-of state placement of children creates an even larger workload for staff. Sometimes the other state might not have anything like Katie A range of services.
- MediCal billing rules are not consistent with Katie A. It has been difficult to capture for Assessment (increase workload). There are some activities done before an assessment that MH is not allowed to bill as there is yet no diagnosis nor has medical necessity been established. All billing logistics are very problematic. (SB/ Fresno)
- A particular challenge is when a Foster parent has two foster children with MH needs placed in their home. This has resulted in two different child family teams working with the same care provider. . Plans could be different for the children and foster parents have to deal with different providers. Also this has become almost an unmanageable situation. A care provider might need some extra support to meet each child's needs.
- There remain ongoing concerns that Community Care Licensing places rules that are difficult for Foster parents to follow. Care providers are blamed for kids running away with no insight as to how some youth will most likely run away due to their past trauma.

- Services for youth who are runaway are needed with an emphasis on best practice. In particular the group noted that services for youth who are victims of commercial sexual exploitation are greatly needed.
- Santa Barbara County is still navigating the forms related judicial issues and trying to get court approval of what can be shared between the agencies. .
- AB 12 information sharing/ confidentiality are an issue for all counties.
- Mariposa uses judicial forms but since they have fewer children enter into the system, staff lack on using the forms.

### **Fresno County:**

Fresno County took the time to go back and look at their initial needs assessment and rated themselves on the various sections. They were thus able to see improvement in all areas with their biggest change in the area of Systems Capacity. They have served 2200 youth, 1800 of whom are in care and 300 AB12 youth. They completed the competitive bid process and thus new service providers are able to provide IHBC and ICC. Social workers are using an age-specific screening tool. Since implementation of this work, assessments actually drive services/treatment. The changes made to the system has enhanced services, improved accountability, allowed for shared training, collaboration, joint decision making. They continue looking at ways to make improvements. Fresno shared that one area in which they are making changes has to do with how the collect and share data.

### **Santa Barbara County:**

Santa Barbara County has completed 874 screening to date and have identified 167 members of the subclass. They currently have 127 youth placed out of county. Their focus has been to foster a trauma informed system of care. They have been holding trainings of which this cross training has also included the Probation department. They integrate the trauma informed care into Safety Organized Practice. They have held focus groups with youth, parents, care providers (including group home staff), and adoptive parents. They will be holding a Symposium in April/May. They are sending invitations to 350. They are reporting CFT successes. They are experiencing some issues with their judicial officers. At this point the judge is not allowing mental health assessment without parental consent.

**San Luis Obispo County:**

San Luis Obispo County now has 100 persons identified in the subclass. They continue to utilize their database and have modified the tool to allow them to track for new entries and for reassessments. They have uploaded forms to allow for better access by staff. They have reported improved collaboration between mental health and child welfare. A MH worker now attends unit meetings. They have experienced some co-location issues. They also spoke of how they are making improvements over the use of the JV 220. A PHN now reviews all of these forms before they are submitted to the court for judicial authorization. They are using a joint database for these forms and trying to also track when medications are ending too. They have had CANS training and report trying to integrate the child and family team with their Safety Organized Practice procedures.

**State Report:**

Caroline Caton and Julia Rojas presented information from the State. They shared how the federal court's jurisdiction ended December 1, 2014 and how the state will still be in communication with the plaintiffs regarding progress and service implementation statewide. The state has been working on cross collaboration and sustaining change and has formed a shared management structure. The state shared key data from the last progress report. The state will be in contact with the remaining 34 counties to provide support and technical assistance. The state continues to hold technical assistance phone calls twice monthly. The state should have its first report on state level data matching analysis by April 2015. A quality improvement plan will include some form of site visits. A protocol for these site visits is in development.

**NEXT STEPS**

The 18 month period for the collaborative to meet ends in April 2015. Counties will still need to share data with the state. The state also plans to hold one final statewide convening sometime after July 1, 2015. Counties are encouraged to continue to communicate and learn from each other. Counties can participate in the technical assistance calls with the state.

