



State of California—Health and Human Services Agency



EDMUND G. BROWN JR.  
GOVERNOR



CDSS  
WILL LIGHTBOURNE  
DIRECTOR

September 9, 2013

All County Letter No. 13-73  
MHSD Information Notice No.: 13-19

TO: COUNTY CHILD WELFARE DIRECTORS  
ALL CHIEF PROBATION OFFICERS  
LOCAL MENTAL HEALTH DIRECTORS  
ALL COUNTY ADOPTION AGENCIES  
ALL ADOPTION DISTRICT OFFICES  
ALL GROUP HOME PROVIDERS  
ALL FOSTER FAMILY AGENCIES  
ALL TITLE IV-E AGREEMENT TRIBES

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by DHCS/CDSS

SUBJECT: PROVIDING SERVICES TO THE *KATIE A.* SUBCLASS; SEMI-ANNUAL PROGRESS REPORTS FOR *KATIE A.* IMPLEMENTATION FOR THE TIME PERIOD OF MAY 15, 2013-AUGUST 31, 2013: DUE ON OCTOBER 18, 2013

REFERENCE: *KATIE A., ET AL, V. DIANA BONTA, ET AL*, CASE NO. CV-02-05662 AHM [SHX]; UNITED STATES CODE SECTION 1396D(R)

EXPIRES: RETAIN UNTIL SUPERSEDED

The purpose of this MHSD Information Notice/All County Letter is to outline expectations for county Child Welfare Departments (CWDs) and Mental Health Plans (MHPs) for providing Specialty Mental Health Services, and preparing and submitting semi-annual progress reports related to Specialty Mental Health Services for children who have an open child welfare case. In November 2012, the United States District Court approved an Implementation Plan setting forth how the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) will fulfill the obligations specified in the Settlement Agreement in the *Katie A. v. Bonta* lawsuit. The *Katie A.* Settlement Agreement, Implementation Plan, and related court orders obligate the state to ensure the provision of Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and after January 1, 2014, and upon federal approval, Therapeutic Foster Care (TFC), to a subclass of children. Under federal and state Early Periodic Screening Diagnosis and Treatment (EPSDT) and Specialty Mental Health Services

law and their current contract with DHCS, MHPs are required to provide Specialty Mental Health Services as determined medically necessary. Pursuant to the *Katie A.* Settlement Agreement, Implementation Plan and related court orders, ICC and IHBS, delivered consistent with the interagency Core Practice Model (CPM), are Specialty Mental Health services that must be provided when determined medically necessary. The Implementation Plan also provides that MHPs and county CWDs are to jointly prepare and submit semi-annual progress reports related to the implementation of these services. This MHSD Information Notice/All County Letter addresses both of these matters.

**1. Providing CPM, ICC, and IHBS Services to the Subclass.**

The *Katie A.* Settlement Agreement defines members of the subclass as children and youth who:

- Are eligible for full scope Medi-Cal, have an open child welfare case, meet the medical necessity criteria for Specialty Mental Health Services, and meet one of the following criteria:
  - Currently in or being considered for Wraparound, therapeutic foster care, or other intensive services, therapeutic behavioral services, a specialized care rate due to behavioral health needs, or crisis stabilization intervention; or
  - Currently in, or being considered for placement in, a group home at rate classification level (RCL) 10 or above, a psychiatric hospital or 24 hour mental health treatment facility, or has experienced three or more placements within 24 months due to behavioral health needs.

Pursuant to federal and state EPSDT and Specialty Mental Health Services law and their current contract with DHCS, the MHPs have an existing obligation to provide ICC and IHBS. Accordingly, the MHPs are expected to provide ICC and IHBS services to the subclass as follows:

- a. All children and youth in the subclass who are newly identified to the county MHPs shall be provided ICC and IHBS, as medically necessary<sup>1</sup>;
- b. All subclass members currently receiving Specialty Mental Health Services shall be provided ICC and IHBS, when medically necessary, and consistent with the CPM, unless as noted in c. below, they are receiving intensive mental health services in one of those programs during this integration period (i.e., until ICC and IHBS are being claimed as part of the Wraparound Program and the Full Services Partnership (FSP) Programs);
- c. Subclass members who are currently receiving intensive mental health services through a Wraparound Program or FSP Program that provides a child and family team, may continue to receive these existing services during the temporary integration period, and consistent with the CPM.

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<sup>1</sup> As with all Specialty Mental Health Services, provided services should be documented and approved in the beneficiary's treatment plan.

**2. Instructions for Preparing the Semi-annual Progress Reports Related to the Implementation of ICC and IHBS.**

The *Katie A.* semi-annual progress reports, referenced in the Implementation Plan, are due on April 1<sup>st</sup> and October 1<sup>st</sup> each year. These reports should include information on the delivery of services occurring during the six-month period preceding the report. The first of these reports is due on October 18, 2013, and includes information about services delivered May 15, 2013 through August 31, 2013. For the initial reporting period, MHPs and CWDs should report on service delivery activities occurring since the submission of the Service Delivery Plans and Readiness Assessments. Subsequent reports due on October 1, 2014, should cover the period of March 1<sup>st</sup> through August 31<sup>st</sup>. Service delivery activities occurring between September 1<sup>st</sup> and February 28<sup>th</sup> should be included in the April 1<sup>st</sup> report.

**Enclosure 1, Part A**

**Reporting on mental health service utilization**

The state will work with MHPs and CWDs to obtain the total unduplicated numbers of subclass members, along with a breakdown of those subclass members grouped by the services they are currently receiving using the attached template. The breakdown will capture the subclass members as follows:

1. The total number of subclass members;
2. Subclass members currently receiving ICC;
3. Subclass members currently receiving IHBS;
4. Subclass members currently receiving mental health services, but not ICC and IHBS, through Wraparound and FSP Program/providers;
5. Subclass members currently receiving intensive Specialty Mental Health Services, but not ICC, IHBS, Wraparound or FSP.
6. Subclass members currently receiving mental health services and not counted in (2), (3), and (4);
7. Subclass members who are not currently receiving mental health services.
8. Subclass members who declined ICC and IHBS Services.

If the above numbers are not available, the state will work with MHPs and CWDs to determine why they are not available and an estimated date when the numbers will be available for each template item in Column 2 of Enclosure 1.

This section (see Enclosure 1, Part A) of the progress report should build on the information counties provided in Section I of their Service Delivery Plans regarding identification of subclass members and the process used to determine their needs.

This information will help both MHPs and CWDs to identify the subclass children who should be receiving necessary mental health services, but will not be included in the progress report. When identifying subclass members, CWDs should identify children and youth, including

beneficiaries in Extended Foster Care<sup>2</sup>, with open foster care episodes or family maintenance cases based on the subclass criteria stated above and share this information with the MHPs. The information provided to MHPs should include, at a minimum, the client identification number, placement type, the child's county of residence (host county), and the service component (e.g., Family Reunification, Family Maintenance, etc.).

## **Enclosure 1, Part B**

### **Reporting on projected numbers of subclass members to receive ICC and IHBS:**

The state will work with MHPs and CWDs to obtain an estimated projection of the number of subclass members who will be provided with ICC and IHBS by April 1, 2014, along with strategies and timelines to ensure access to ICC and IHBS, when medically necessary, and consistent with the CPM.

In the column on Enclosure 1, Part B, that reads "Strategy/Timeline Description," MHPs and CWDs should describe their plans to transition the identification of subclass children and youth who are identified in Enclosure 1, Part A, 4, 5, and 6 using the identifier and claiming codes for ICC and IHBS services.

## **Enclosure 2**

### **Areas Identified in the Readiness Assessment Tools for improvement:**

The progress report should include an update to the Readiness Assessment Tool counties completed in May 2013. The update should address the following:

- Describe activities related to each section during the reporting period, including actual or anticipated results. Include activities that support family-centered principles, and promote implementation of ICC and IHBS using the 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 Departments and Mental Health Plans 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.

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<sup>2</sup> Extended Foster Care beneficiaries are non-minor dependents, ages 18-21, who have elected to extend their stay in or return to foster care under the care and custody of the court's jurisdiction. Extended Foster Care is commonly referred to as AB 12 or After 18.

**Identifying Specific areas for technical assistance by DHCS and CDSS:**

MHPs and CWDs should specify technical assistance or state support needed regarding implementation of CPM, ICC, and IHBS.

Enclosures 1 and 2 provide templates for the semi-annual reports which are due to DHCS and CDSS on October 1<sup>st</sup> and April 1<sup>st</sup> of each year. These documents are jointly prepared by MHPs and CWDs and submitted electronically to both:

California Department of Health Care Services  
[KatieA@dhcs.ca.gov](mailto:KatieA@dhcs.ca.gov)

California Department of Social Services  
[KatieA@dss.ca.gov](mailto:KatieA@dss.ca.gov)

The DHCS and CDSS will continue to work with MHPs and CWDs on implementing CPM, ICC, IHBS, and upon federal approval, TFC. If you have any questions regarding this information, please contact DHCS, Mental Health Services Division, Litigation Support Unit, at (916) 650-6486 or [KatieA@dhcs.ca.gov](mailto:KatieA@dhcs.ca.gov), or CDSS at (916) 651-6600 or [KatieA@dss.ca.gov](mailto:KatieA@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

KAREN BAYLOR, PhD, MFT  
Deputy Director  
Mental Health and Substance Use  
Disorder Services Division  
California Department of Health Care Services

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division  
California Department of Social Services

Attachments

# Katie A. Semi-Annual Progress Report Cover Page

Reports are due April 1<sup>st</sup> and October 1<sup>st</sup> of each year. Please check the reporting period:

- May 15, 2013 – August 31, 2013 (Initial reporting period) October 18th
- April 1st
- October 1st

## Katie A. Semi-Annual Progress Report Instructions

The Katie A. semi-annual progress reports are required by the Implementation Plan and should include information on the delivery of services occurring during the six months immediately preceding the report. The first of these reports is due on October 18, 2013, and includes information about services delivered May 15, 2013 through August 31, 2013. Enclosures 1 and 2 provide templates for the semi-annual report to be jointly prepared by Mental Health and Child Welfare Departments and submitted electronically.

### Enclosure 1, Part A

MHPs and CWDs are to provide the total unduplicated numbers of subclass members, along with a breakdown of those subclass members grouped by the services being provided during the reporting period using the attached template. If the above numbers are not available, MHPs and CWDs are to provide an explanation of why they are not available and an estimated date of when the numbers will be available for each template item in Column 2 of Enclosure 1. This section (see Enclosure 1, Part A) of the progress report should build on the information counties provided in Section I of their Service Delivery Plans regarding identification of subclass members and the process used to determine their needs.

### Enclosure 1, Part B

MHPs and CWDs are to provide an estimated projection of the number of subclass members that will be provided with ICC and IHBS by April 1, 2014, along with strategies and timelines to ensure access to ICC and IHBS, when medically necessary, , and consistent with the Core Practice Model. In the column on Enclosure 1, Part B that reads "Strategy/Timeline Description", MHPs and CWDs should describe their plans for the identification of subclass children and youth who are identified in Enclosure 1, Part A, 4, 5, 6, 7 and 8 using the identifier and claiming codes for ICC and IHBS services.

### Enclosure 2

CWDs and MHPs should 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 principles, and promote implementation of the ICC and IHBS using the 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, MHPs and CWDs should specify technical assistance or state support needed regarding implementation of CPM, ICC, and IHBS.

Submittal Instructions: Please submit electronically to the Department of Health Care Services at [KatieA@dhcs.ca.gov](mailto:KatieA@dhcs.ca.gov) and the California Department of Social Services at [KatieA@dss.ca.gov](mailto:KatieA@dss.ca.gov). Reports are due on April 1<sup>st</sup> and October 1<sup>st</sup> of each year.

County: \_\_\_\_\_

Date: \_\_\_\_\_

Name and Contact Information County Child Welfare Department Representative				
Name:				
Title:				
County:				
Agency Name:				
Address:				
City:		State:		Zip Code:
Phone:		E-mail:		

Name and Contact Information County Mental Health Department Representative				
Name:				
Title:				
County:				
Agency Name:				
Address:				
City:		State:		Zip Code:
Phone:		E-mail:		

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

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

County: \_\_\_\_\_

Date: \_\_\_\_\_

PART A: Services Provided at Any Point Within the Reporting Period			
Item #	Information Requested	Column 1 10/1/813	Column 2 Timelines
Instruction	For subclass members, provide the numerical count for the following:	Provide the number of children/youth per category	If Column 1 is blank, provide an explanation why the number is unavailable and an estimated date the number will be available
1	In Subclass (unduplicated).		
2	Receiving Intensive Care Coordination (ICC).		
3	Receiving Intensive Home Based Services (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>		
45	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). <i>Do not include youth already counted in 2, 3, or 4</i>		
6	Receiving services not reporting in 2, 3, 4, & 5 above.		
7	Not receiving SMHS.		
8	Declined ICC or IHBS.		

County: \_\_\_\_\_

Date: \_\_\_\_\_

**PART B: Projected Services**

Item #	Service	Projected number of subclass members to be served by 4/1/14	<b>Strategy/Timeline Description</b> Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to: 1.newly identified children/youth and 2.children/youth identified in Part A, Items 4, 5, 6, 7, and 8 as medically necessary
1	ICC		
2	IHBS		

County: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Date Completed: \_\_\_\_\_

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)
<b>Agency Leadership</b> <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i>		
<b>Systems and Interagency Collaboration</b> <i>How collaborative approaches are used when serving children and families.</i>		
<b>Systems Capacity</b> <i>The collective strength of administrative structures, workforce capacity, staff skills &amp; abilities, and operating resources.</i>		
<b>Service Array</b> <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>		

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p><b>Involvement of Children, Youth &amp; Family</b>  <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>		
<p><b>Cultural Responsiveness</b>  <i>Agency ability to work effectively in cross-cultural settings.</i></p>		
<p><b>Outcomes and Evaluation</b>  <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i></p>		
<p><b>Fiscal Resources</b>  <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>		