Implementing Katie A. through Collaborative Decision Making: Small County Perspectives – Part 1

June 24, 2015
Successful Katie A implementation requires counties to collaborate across their child welfare and behavioral health agencies. That means frequent meetings to decide on protocols and procedures, roles and responsibilities, tools, resources and services. This two-part webinar mini-series will take you inside the workings of several small counties as they move forward with Katie A implementation. Their stories and the lessons learned can help inform the work of all counties, regardless of size.
Polling Questions

Please tell us where you work:

• State/County child welfare
• State/County behavioral/mental health
• Contract agency/CBO providing services
• Education/training organization
• Other
Polling Questions

Please let us know the nature of your work:

- Work directly with children and families (case worker, clinician, wraparound facilitator, etc.)
- Supervisor/manager
- Family partner/youth/peer provider
- Consultant/trainer/TA provider
- Other
How would you rate your county’s cross-agency collaboration with regard to Katie A implementation?

- Strong
- Average
- Still developing our collaboration
• Napa County
• Kings County
• Question/Answer

Overview of Webinar
Napa County Presenters

- **Chelsea Stoner** currently supervises Napa County’s SB 163 Wraparound Program and the Continuing Services unit of Child Welfare Services. Her previous experience in Child Welfare includes Continuing Services, Dependency Investigations, Wraparound, Independent Living Skills and Extended Foster Care. She has been a part of the Katie A. implementation team since January 2014, working in partnership with Napa County Children’s Mental Health and Napa County Juvenile Probation as the Pathways to Wellbeing program has developed. She truly enjoys the collaboration that Katie A. calls for to ensure our children and youth continue to get the services they need.

- **Colleen Paul** became the supervisor of Napa County’s Katie A Services program in August 2014, which is now named the Pathways to Well-Being program. She is a licensed MFT, an LPCC, a Registered Art Therapist, and she has a certificate in Infant-Parent Mental Health. She has worked in Mental Health for over 15 years in a variety of settings, with the last six years at Napa County. Colleen has also worked in the past for Child Welfare doing Emergency Response and Adoptions. Over the past several months she has worked in collaboration with Napa County Child Welfare and Napa County Juvenile Probation to get this program up and running and feels lucky to work with Chelsea on this process.
Pathways to Well-Being

Napa County Children’s Mental Health
Colleen Paul, MFT
Napa County Child Welfare Services
Chelsea Stoner, LCSW
Learning Objectives

- To learn about our efforts to meet Katie A Services Mandates as a smaller county.
- To learn from our experience of creating our program and encouraging collaboration between Mental Health, Child Welfare and Juvenile Probation.
- To hopefully learn some ideas from what we have done, the challenges we have encountered and the solutions we have used to address our challenges.
Life before Katie A. Implementation
Life before Katie A. Implementation

- Lack of understanding of each department’s functions, roles and culture (standards of confidentiality, court mandated vs. voluntary services, etc.)
- Referral Process for MH Services unknown, confusing
- No protocols for collaboration, only on a case by case basis as it was needed
- Word of mouth services
- Embedded Mental Health in CWS:
  - pilot project created for MH staff to do Universal Health Screenings on all foster kids
Napa’s Early Implementation

- Champions to the table
  - Former Deputy Director of HHSA
  - CWS
  - MH
  - Probation
  - Fiscal
  - ITS
- Wellbeing Initiative Leadership Team
- Katie A. workgroup
Napa’s Philosophy

- Collaboration between all child serving agencies
  - CWS
  - MH
  - Juvenile Probation (yes, Probation!!)
- Youth, staff and caregiver’s voice important
- Focus Groups
  - Supervisors/Managers
  - Youth
  - Caregivers
  - CWS, Juvenile Probation, Mental Health Providers
Outcomes of Focus Groups

Strengths of Napa

- Initial mental health screening occurs
- TBS and Wraparound
- CBOs committed
- Parents felt support from attending therapy and from therapists

Challenges Napa Faces

- Understanding parameters of confidentiality
- Hierarchy and approval process can be a barrier
- Turnover in staff
- Gaps in Spanish-speaking services for youth and families
Living the CFT: Creation of Pathways to Well-Being Program (PWB)

- Building the Team (Engagement)
- Common goals (Engagement)
- Plan Development (Service Planning and Implementation)
- Testing practices and tweaking (Monitoring and Adapting)
FEB

- Completion of billing protocols in Anasazi for Katie A specific services
- Training of new staff to Katie A protocols and documentation standards
- Continue weekly meetings with CWS, Probation, and Mental Health staff
- Complete onboarding of newly hired Katie A service staff
- Develop and implement program wide UMH screenings and train to standards

MAR

- Assignment of Katie A class member caseload to individual staff members (3/13/15)
- Develop coverage protocols for Katie A caseloads in event of staff absence or illness (3/20/15)
- Submit billing using Katie A codes (3/31/15)
- Continue weekly meetings with CWS, Probation, and Mental Health staff
- Write and submit the 6 month report for Napa County Katie A services (4/1/15)
- Develop MOU between CWS, Probation and Mental Health for referral and program processes (3/31/15)

APR–MAY

- Move to monthly meetings with CWS, Probation, and Mental Health staff (April)
- Bring newly hired staff to full caseload capacity and participation in screening activities (end of April 2015)
- Identify and schedule remaining training requirements (Facilitation training, others as identified) (May 2015)
- Complete determination of staffing re: Mental Health Aide position v. Mental Health Worker position (5/31/2015)
- Follow up with DHCS re: Napa County Status in Katie A implementation process

JUN–JUL

- Monthly Project Implementation Team Meeting continues (through June 2015)
- Follow up regarding impact of project in June staff meetings
- Remaining issues are identified through multiple avenues (project team mtg, staff mtg, conference calls, etc.) and a plan to address them is developed
- Bring new Mental Health Clinician on board (June 2015) with training and own caseload by 7/31/2015
- Develop MOU between CWS, Probation and Mental Health for information sharing and processes (7/31/2015)
- Resolution of protocols surrounding out of county youth and class members served by contracted providers
Program Design

- Steering committee driven process (with reps from MH, CWS, Probation, MH fiscal and Anasazi)
- Determining subclass (created simplified form to identify subclass members, protocols for CWS and Probation to review for eligibility, monthly meeting for CWS and PWB sups to regularly review subclass list)
- Determined work flow for eligibility and referrals (next slide)
- CFTs (defining roles of PWB staff and expectations for CFT members)
- Probation Youth (continuing development of this part of the program)
Eligibility/Referral Workflow

**PROBATION**
- Complete Eligibility Tool
- Reviewed by Point-Person
- Refer to Access directly

**CWS**
- Complete Eligibility Tool
- Reviewed by Point-Person (Chelsea)
- Complete UMH Screening Referral
- Refer to Access directly OR
- Receive UMH Screening recommendations and follow up (refer to Access, etc.)

**KTA**
- Do UMH Screens
- Review Eligibility Tool
- Determine subclass members
- Track/Follow subclass members
- Re-screen (UMHS) as recommended
- Periodic meetings with CWS, Access, Probation for tracking, alert PO and CWS of services and providers
- Enroll subclass members into KTA services

**ACCESS**
- Assess and determine eligibility for MH services
- Determine class members
- Communicate with KTA where class (potential subclass) members are sent for MH services

**NOT ELIGIBLE**

**OTHER SERVICE PROVIDERS (IPN, BEACON, ETC.)**

**KAISER OR OTHER PRIVATE**

**CFBH CFSP**

**FSA**

**ALDEA**

**KTA**

**CWS**

**PROBATION**
Life since implementation of Katie A
Where we are now:

- 1 full time staff carrying a caseload with mixed probation and child welfare youth
- 2 full time staff to start in next two weeks, both Spanish speaking
- Training being arranged to help increase staff skills in implementing the Core Practice Model (facilitation for CFTs and teaming and engagement skills)
- Steering committee is now focused on completing work on agreements with partner agencies on info sharing and work flow
- Program design being re-examined regularly as we learn how to effectively serve the subclass members
Where we are now, cont.

- Many of our current cases have a designated Mental Health Case Manager in addition to Pathways to Well-Being staff (so PWB staff can focus their efforts on ICC and IHBS)
- Our more intensive IHBS services are being done via a contracted provider (Sunny Hills Services)
- We have a monthly meeting for MH and CWS leadership to discuss issues that arise not just from PWB but also in general i.e. info sharing, specific cases, glitches in our communication, etc.
Lessons Learned

- **Successes**
  - PWB embedded in CWS (will happen in May 2016)
  - CFT’s are happening! (Medi-Cal billing for ICC and IHBS happening, so DHCS is happy!!)
  - Increasing knowledge and understanding of CPM

- **Challenges**
  - Leadership Changes (in both MH and CWS)
  - Staffing for Pathways To Well-Being Unit

- **Solutions**
  
  Bringing leadership up to speed
  Cross-training for CWS, MH and Juvenile probation i.e. visiting specific unit meetings, etc.
  Training being arranged with outside consultant for CWS, MH and probation staff and leadership
Collaborating with Agencies

- Successes
  - Partnership with Probation (countywide agreement to serve probation youth as part of subclass)
  - Youth voice in early focus groups

- Challenges
  - Learning and understanding agency cultures, mandates, priorities
  - Fully implementing the CPM values and principles
  - Learning to relinquish control and create new culture of collaboration

- Solutions
  - Creation of Steering Committee
  - Purposefully using CPM values in this process
  - Interdivisional Committee (CWS and MH leadership)
Next Steps

- Cross Training for all MH, CWS and Juvenile Probation staff and leadership to reinforce the progress
- Continued program evaluation and changes as needed
- Develop methodology for evaluating program success (Napa County uses Pallet of Measures process for gathering outcome data—is this the right approach for PWB?)
- Enlist more community participation (i.e. solicit more input from foster youth, families and parent partners)
Feel free to send us your questions!

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• **Shelly Verboon**, MA, currently serves as the CPS Program Manager for Kings County Human Services Agency. She is a former CPS Supervisor in Kings County and, prior to that, worked for ten years in Children’s Services in Tulare County. She began working on the Kings County CFT Team and the Katie A program about 2 years ago. In addition, Shelly’s responsibilities include the Resource Family Approval Program Pilot Project, the Quality Parenting Initiative, and numerous other child welfare service units and programs – and she facilitates the County’s Multi-Disciplinary Team Meetings. Shelly is undoubtedly a very busy woman!

• **Brenda Randle**, MPA, has a long and distinguished career with Kings County. She is currently the manager of the Full Service Partnership unit under the Mental Health Services Act and previously served as Program Manager and Administrator of Alcohol and Other Drug Services for 15 years. At the State level, Brenda was treasurer of the County Alcohol and Drug Prevention Program Administrators Association for 7 years. She also served for three years on the California Child Welfare Council. A mother of 3 and the proud grandmother of 3 girls who is praying that the baby due in December 2015 is a boy, Brenda is a veteran and a retired United States Navy Reserve Officer with 25 years of honorable service.
Implementing Katie A. Through Collaborative Decision-Making

Kings County
Shelly Verboon MA
Kings County Human Services Agency, CPS
Brenda Randle MPA
Kings County Behavioral Health
History and Background

- Kings County is in the heart of the San Joaquin Valley
  - Population 153,000
  - Largely agricultural
  - Home to three State prisons, the Lemoore Naval Air Station and the Santa Rosa Rancheria
- Partnering agencies working to serve children and families include Child Protective Services, Behavioral Health, CASA, Kings County Community Action Organization, Kings View Mental Health, Probation, Schools, Law Enforcement, UCP Parent and Me and First Five Commission
- Prior to Katie A., children were referred to mental health or substance use services as needed to local contracted service providers
Planning for Katie A. Implementation

- Initial planning and implementation involved only dependent foster children
- Has expanded to all CPS dependents.
- **Family Builders FPA** currently provides both wraparound (WRAP) and CFT services.
- **CPS** refers all court dependent children for a mental health assessment.
- **Behavioral Health** provides developmental assessments (social/emotional screening) for children 0-5 and approves referrals from CPS social worker. They participate on the CFT.
- **Kings View Mental Health** does all mental health assessments for children 6-17. They determine subclass eligibility and provide mental health treatment. They participate on the CFT.
Services, Roles and Responsibilities

- CPS refers all children for a mental health assessment or ASQ (Ages and Stages Questionnaire).
- Kings View completes the mental health assessment for children ages 4-17. If the child needs therapeutic services, a case is opened.
- The therapist determines Katie A. subclass eligibility.
- Intensive Care Coordination is provided by Family Builders as part of their comprehensive WRAP services.
- Services are provided both in the home and in the school setting.
Child and Family Team (CFT) Meetings

- Facilitated by Family Builders ICC in collaboration with the Behavioral Health case manager.
- Participants include representatives from Behavioral Health, CPS, Probation, Schools, and Family Builders, along with parents, foster parents, child, and other family members, as applicable.
- Family Builders develops a preliminary treatment/service plan to present to the team for review.
- Plans track relevant family history/background, mental health services, school services, significant support persons/agencies, recent successes and progress, strengths, struggles, future goals, and cultural barriers.
Accomplishments/Lessons Learned

- Family Builders Medi-Cal billable services done through Kings View, the Kings County MHP.
- Family Builders moved to electronic health record (EHR) and data management system as of 4/1/15.
- BH monitoring process of Family Builders enhanced.
- Katie A Joint reporting to the State is a team effort between CPS, BH, Kings View and Family Builders.
- Improved collaboration and partnership across many agencies and disciplines.
Thank You!

Kings County Presenters

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- Brenda Randle MPA, Behavioral Health
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Upcoming Webinar:

**June 30, 2015** Implementing Katie A. through Collaborative Decision Making: Small County Perspectives – Part 2

[https://attendee.gotowebinar.com/register/7519739609716853762](https://attendee.gotowebinar.com/register/7519739609716853762)

**CIBHS:**

Recordings of CIBHS Katie A Webinars

[http://www.youtube.com/playlist?list=PLtnjn3qYJROhszlirBE0iiMDYUV8aTyum](http://www.youtube.com/playlist?list=PLtnjn3qYJROhszlirBE0iiMDYUV8aTyum)

CIBHS website

Thank You!

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