


SANTA CRUZ COUNTY
Behavioral Health Services

POLICY AND PROCEDURE MANUAL

Subject: Katie A Services Pathways to Wellness	Policy Number: 2432
Date Effective: 2/13/2018	Pages: 3
Replaces: 1/16/2018	Responsible for Updating Director of Children's Services
Approval:  Behavioral Health Director	<u>2-13-18</u> Date

Overview: Katie A. v. Bontá et al. refers to a class action lawsuit filed in federal district court, in 2003, concerning the availability of intensive mental health services to children in California who are either in foster care or at imminent risk of coming into care. As the result of a settlement agreement reached in December 2011 in this case, child welfare and mental health leaders from state and local levels have been working together to establish a sustainable framework for the provision of an array of services that occur in community settings and in a coordinated manner. As part of this agreement, the California Department of Social Services (CDSS) and the California Department of Health Care Services (DHCS) agreed to take specific actions that will strengthen California's child welfare and mental health systems with objectives that include:

- Facilitating the provision of an array of services delivered in a coordinated, comprehensive, community-based fashion that combines service access, planning, delivery, and transition into a coherent and all-inclusive approach, which is referred to as the Core Practice Model (CPM).
- Addressing the need of some class members with more intensive needs (referred to as "subclass members") to receive medically necessary mental health services in their own home or family setting in order to facilitate reunification and meet their needs for safety, permanence, and well-being. These more intensive services are referred to as Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC).

POLICY: The Department of Family and Children's Services, in collaboration with the County of Santa Cruz Children's Behavioral Health Department, will regularly assess all children in open child welfare cases, both voluntary and court-ordered services, to determine if they meet the criteria for consideration in the sub-class. If a child/youth is determined to meet the criteria and therefore a member of the sub-class, they will be referred to the County of Santa Cruz Children's Behavioral Health who will ensure the child/youth receives the appropriate mental health services.

PURPOSE: To ensure that all eligible youth and in need of more intensive services received them in a timely manner.

DEFINITIONS:

1. **EHR** - Electronic Health Record (Avatar)
2. **SMHS** - Specialty Mental Health Services

3. **MHP** - Mental Health Plan Santa Cruz County Mental Health Services and its authorized representatives, including the Network Panel Providers.
4. **CFT** - Child and Family Team
5. **CBH** - Children's Behavioral Health
6. **EPSDT** - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid

PROCEDURES:

- A. The Department of Family and Children's Services social worker is responsible for completing the Mental Health Screening Tool. Once completed, the forms are submitted to the designated Children's Behavioral Health Supervisor. Through the assessment process if determined that the child/youth meets medical necessity criteria then ongoing Specialty Mental Health Services and if eligible, Katie A. services will be provided.
- B. The Department of Family and Children's Services social worker or a Children's Behavioral Health clinician can request that a client be considered for Katie A. services. The Katie A. Sub Class Eligibility Assessment Form is jointly completed by the Department of Family and Children's Services social worker and by a Children's Behavioral Health clinician. Once completed, the forms are submitted to the designated Children's Behavioral Health Supervisor and to the Department of Family and Children's Services designated Program Manager.
- C. The designated Children's Behavioral Health Supervisor will assign the referral to the appropriate Children's Behavioral Health clinician and instruct the clinician to begin using Kate A. billing codes. The use of Katie A. billing codes tags in Avatar the child/youth determined to meet the Katie A. Sub-Class criteria as a "Special Population" client.
- D. Following receipt of the Katie A. eligibility notification, the designated Department of Family and Children's Services Program Manager will log the referral into the master Katie A. database. The Katie A. database is shared with the designated Children's Behavioral Health Supervisor. The designated Department of Family and Children's Services Program Manager and the designated Children's Behavioral Health Supervisor meet monthly to review the Katie A. database, discuss progress and continued eligibility criteria for the Katie A. Sub-Class. In addition, referrals for Katie A. services can be initiated at this meeting.
- E. Children and youth who meet the criteria for Katie A. Sub-Class designation are those who have more intensive needs and require medically necessary mental health services in his/her own home, a family setting or the most home-like setting appropriate in order to facilitate reunification and to meet his/her needs for safety, permanence and well-being. Children/youth (up to age 21) are considered to be members of the Katie A. Subclass if they meet the following criteria:
 - a) Eligible for full-scope Medi-Cal;
 - b) Have an open child welfare services case (see Katie A. Medi-Cal Manual, Appendix A, Glossary); and
 - c) Meet the medical necessity criteria for Specialty Mental Health Services as set forth in the California Code of Regulations (CCR), Title 9, Section 1830.205 or Section 1830.210.
 - d) Are receiving, or being considered for Wraparound.
 - e) Are receiving, or being considered for specialized care rate due to behavioral health needs.

- f) Are receiving, or being considered for other intensive SMHS, including but not limited to therapeutic behavioral services or crisis stabilization/intervention.
 - g) Are currently in or being considered for group homes (RCL 10 or above) or Short Term Residential Therapeutic Programs (STRTP).
 - h) Have been discharged within 90 days from, or are currently in or being considered for, Psychiatric hospital or 24-hour mental health treatment facility (e.g. psychiatric inpatient hospital, psychiatric health facility [PHF], community treatment facility, etc.).
 - i) Have experienced two or more mental health hospitalizations in the last 12 months.
 - j) Have experienced two or more placement changes within 24 months due to behavioral health needs.
 - k) Have been treated with two or more antipsychotic medications at the same time over a three-month period.
 - l) If the child is zero through five years old and has more than one psychotropic medication, the child is six through 11 years old and has more than two psychotropic medications, or the child is 12 through 17 years old and has more than three psychotropic medications.
 - m) If the child is zero through five years old and has more than one mental health diagnosis, the child is six through 11 years old and has more than two mental health diagnoses, or the child is 12 through 17 years old and has more than three mental health diagnoses.
 - n) Have two or more emergency room visits in the last 6 months due to primary mental health condition or need, including but not limited to involuntary psychiatric treatment under California Welfare and Institutions Code (WIC) section 5585.50.
 - o) Have been detained pursuant to WIC sections 601 and 602 primarily due to mental health needs.
 - p) Have received SMHS within the last year and have been reported homeless within the prior six months.
- F. These services will be provided by provided by Children's Behavioral Health staff and/or county contractors who are EPSDT gates into our services.

PRIOR VERSIONS: 1/16/2018

REFERENCES: Core Practice Model Manual:

<http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf>

Katie A. Medi-Cal Manual: <http://www.dhcs.ca.gov/Documents/KatieAMedi-CalManual3-1-13FinalWPREFACE.pdf>

FORMS/ATTACHMENTS: Katie A. Sub-Class Eligibility Assessment