

Children & Family Services
Handbook

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I. GENERAL

A. Background

The Katie A. Policy and corresponding procedures were developed and agreed to in collaboration with Contra Costa County Behavioral Health Services (BHS) and Children & Family Services (CFS). These policies reflect mutual agreements between agencies and reflect the overall service delivery and outcomes detailed in the Katie A. Core Practice Model. The California Department of Social Service (CDSS) established Katie A. mandates to ensure that Child Welfare involved children with mental health needs receive timely coordinated services.

On July 18, 2002, a lawsuit entitled *Katie A. et al. v. Diana Bonta et al.* was filed seeking declaratory and injunctive relief on behalf of a class of children in California who: (1) are in foster care or are at imminent risk of foster care placement; (2) have a mental illness or condition that has been documented or, if an assessment had been conducted, would have been documented; and (3) need individualized mental health services, including but not limited to, professional acceptable assessments, behavioral support and case management services, family support, crisis support, therapeutic foster care, and other medically necessary services in the home or in a home-like setting, to treat or ameliorate their illness or condition.

In December 2011, the parties reached a Katie A. Settlement Agreement. It is intended that the Katie A. Settlement will improve coordination of resources and services and promote greater uniformity in statewide practices by Child Welfare Services, mental health and other service providers. The objectives of the agreement are to:

1. Facilitate an array of services delivered in a coordinated, comprehensive, community-based delivery that combines service access, planning, delivery, and transition into a coherent and all-inclusive approach;
2. Address the more intensive needs of the Katie A. Subclass with medically necessary specialty mental health services in their own home, a family setting or at the most home-like setting appropriate to their needs. This is done for the purpose of facilitating reunification, and to meet the child's needs for safety, permanency and well being;
3. Support the development and delivery of a service structure and a fiscal system that supports the Core Practice Model;

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4. Support an effective and sustainable solution that will involve standards and methods to achieve quality, based on oversight, along with training and education that support the practice and fiscal models.

II. REFERENCE

[Pathways to Mental Health Services Core Practice Model Guide](#)
[Medi-Cal Manual for ICC, IHBS, and TFC for Katie A. Subclass Members Settlement Agreement](#)
[ACIN 1-72-11, Katie A. Lawsuit - Notice of Hearing on Proposed Settlement Agreement](#)
[ACL NO. 13-20, Release of the Core Practice Model Guide and Description of the Intensive Care Coordination and Intensive Home-Based Services](#)
[ACL NO. 15-11, Recording Mental Health Screening, Referral and Intervention Information in CWS/CMS](#)
[ACL NO.13-73/MHSD Information Notice NO. 13-19, Providing services to the Katie A. Subclass.](#)
[ACL NO. 14-79, Continuation of Intensive Care Coordination \(ICC\), Intensive Home Based Services \(IHBS\), and Therapeutic Foster Care \(TFC\) Within a Core Practice Model \(CPM\) Approach Post Court Jurisdiction](#)
[MHSD Information Notice NO. 13-13, Family Engagement](#)
[DM 31-903 Mental Health Services for CFS Clients](#)
[DM 31-907 Structured Decision Making \(SDM\) Protocol](#)

III. DEFINITIONS

A. Core Practice Model (CPM):

The CPM is a set of practices and principles for children and families served by both Child Welfare and Mental Health systems. It articulates a family-centered approach that is intended to improve coordination and collaboration among Mental Health, Child Welfare, and children and families involved with the Child Welfare system who have mental health needs.

B. Katie A. Class:

Katie A. Class are children in California who are in foster care or at imminent risk of foster care placement, who have a mental illness or condition that has been documented or, if an assessment had been conducted, would have been documented, who need individualized mental health services.

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C. Katie A. Subclass:

Katie A. Subclass are children with an open Child Welfare services case who are full-scope Medi-Cal eligible and meet medical necessity criteria, ([Title 9, Chapter 11, Section 1830.210](#)), for specialty mental health services and meet either of the summarized following criteria:

- Child is currently in or being considered for Wraparound, Therapeutic Foster Care, or other intensive services, therapeutic behavior services, specialized care rate due to behavior health needs or crisis stabilization/intervention; or
- Child is currently in or being considered for a group home, a psychiatric hospital or a 24-hour mental health treatment facility, or has experienced his/her 3rd or more placement within 24 months due to behavioral health needs.

D. Collaborative Agency Response for Enhanced Services (C.A.R.E.S.):

In an effort to create language that informs families and humanizes children who meet Katie A. “Subclass” eligibility, CFS in collaboration with BHS, has replaced the term “subclass” with C.A.R.E.S which are the initials for Collaborative Agency Response for Enhanced Services. In this policy, the classification of “subclass” is replaced by C.A.R.E.S. when appropriate.

E. Open Child Welfare Case:

Children and families with an open Child Welfare Case include the following: a child whose family is receiving Intensive Family Services (formally Voluntary Family Services); a child who is adjudicated a 300 Dependent and placed in foster care; and a child who has returned home or remains at home in a Family Maintenance Service Plan with a 300 Dependency. Also, included in an Open Child Welfare case are those young adults referred to as non-minor dependents who are receiving Child Welfare services through Fostering Connections and California’s AB12.

Note: A child residing outside of Contra Costa County who meets all other eligibility criteria is eligible for Katie A. subclass services.

Note: Non-dependent children residing with a non-related legal guardian are not eligible for Katie A. Subclass services. This does not preclude them from receiving mental health services.

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F. Mental Health Screening:

All children who are involved in an open Child Welfare Services case will be screened to determine whether a mental health assessment is indicated. Contra Costa County CFS uses the Mental Health Screening and Assessment Tool (MHST) for children 0-5 and 5-adult, (see attachment # 1). CFS Social Workers are responsible for screening all Child Welfare involved children, youth and non-minor dependents.

G. Intensive Care Coordination:

Intensive Care Coordination is a targeted case management service that facilitates assessment of, care planning for, and coordination of services, including urgent services for members of the Katie A. Subclass.

H. Intensive Care Coordinators (ICC):

Intensive Care Coordinators are a single point of accountability that: ensure medically necessary mental health services are delivered; facilitate and participate in a collaborative relationship with and among Child Welfare services, the child and family and other involved systems; support the child and family in meeting their needs; help to establish and support the Child and Family Team and Meetings; and assist in matching and setting up mental health services in the child and youth's home community.

I. Child and Family Team (CFT) Composition:

The Child and Family Team is a team of people comprised of the child and family, Child Welfare workers, Behavioral Health staff, including Intensive Care Coordinators and clinicians, extended family, identified support networks from the Faith Based community, educators, school counselors, community based service providers, and other ancillary individuals. A CFT requires, at a minimum, the Social Worker, the Mental Health provider, and the family. The CFT is comprised of people who are working with and supporting the child and family toward meeting their mental health goals and their successful transition out of the Child Welfare system, per the CPM Guide.

J. Child and Family Team Meetings (CFT meeting/s):

The CFT meeting is a specialty mental health service mandated for all Katie A. subclass eligible children and families. The CFT meetings use a family engagement, "Team Decision Making" model to develop goals and objectives that support improved mental health and positive Child Welfare outcomes for the child and family. The CFT meeting meets, at a minimum, every 90 days, and includes ongoing monitoring, adjusting, and

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evaluating the child and families progress towards defined goals.

K. Life Domains:

Goals and objectives developed during the Children and Family Team meeting are centered on needs in the major life domain areas, as they relate to the mental health needs of the child and the Child Welfare needs of the family. These Life Domains include, but are not limited to, the following: family, living situation, financial, educational/vocational, social/recreational, behavioral/emotional, psychological, health, legal, cultural, and safety.

L. Teaming:

Teaming is the process of a group of people coming together who are committed to a common purpose, approach and performance goals for which they hold themselves mutually accountable. Teaming is emphasized and modeled in the relationship between Child Welfare Social Workers and Mental Health Intensive Care Coordinators and includes collaboration, communication and transparency.

M. Transition:

Transition is the process of moving from formal supports and services to informal or formal supports and services without Child Welfare involvement. Transitions occur when the child no longer meets subclass eligibility and/or the Child Welfare case is closed. Transitioning includes creating specific child and family centered plans that ensure that a continuity of appropriate services and supports remain or are terminated at a pace that meets the family and child's needs.

N. Child, children, youth, and family:

Throughout this document, the term child will be used to represent child, children and youth. The term family will be used to represent parent(s) and legal guardian(s).

O. Non-minor Dependent

Young adults, age 18 to 21, who are receiving Child Welfare services as non-minor dependents (NMD) are identified as NMD throughout the policy.

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IV. POLICY: PRACTICE COMPONENTS, STANDARDS AND ACTIVITIES

A. Family Engagement:

1. The Social Worker's engagement with the family and child regarding Katie A. eligibility for services determination, service delivery, and monitoring begins during the initial days of a family's involvement with CFS and is continuous while the child and family are involved in Child Welfare.
2. In a timely manner, the Social Worker will provide concrete information to all families regarding Katie A. C.A.R.E.S. eligibility criteria, time frames for determining eligibility, service delivery possibilities and potential outcomes.
3. The Social Worker will advocate that the child and family's voice and choice are a major focus (or "driver") of all Katie A. activities, including during the Child and Family Team meetings, in determining goals and objectives, and in developing informal and formal support networks.
4. As part of engagement activities, the Social Worker will communicate with the child's care provider(s) regarding all Katie A. eligibility determination and activities, and will include them appropriately throughout the child's Katie A. eligibility.
5. As the Child Welfare representative, the Social Worker will seek out and support the family's participation in the development of the Child Welfare Case Plan and will ensure that they understand what is, and is not, in their control.
6. As part of ongoing face-to-face contact, the Social Worker will engage the child and family in conversations about their participation in Katie A. activities. These conversations will include informal assessments on progress towards Katie A. goals and objectives, how the progress or lack of progress on the goals and objectives are impacting the Child Welfare Case Plan, and identification of next steps; i.e., is the child receiving needed mental health services? Is the child's mental health improving?
7. The Social Worker will ensure that all non-minor dependent young adults are informed about Katie A. C.A.R.E.S. eligibility and help the young adult understand the value of participating in Katie A. services if eligibility is determined.

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8. Social Work Supervisor II (SWS II) will monitor child and family engagement during required monthly supervisions, in review of case files and CWS/CMS Delivered Service Logs, and during ongoing informal conversations with Social Workers.

B. Katie A. Screening

1. Within 30 days of Child Welfare involvement, children and non-minor dependents, as well as children under an Intensive Family Services Case Plan are screened for initial Katie A. C.A.R.E.S. eligibility.
 - a. The start date of Child Welfare involvement is determined by the date the referral is promoted to a case and a case component is documented (IFS, FM, FR).
 - b. Screening for Katie A. C.A.R.E.S. eligibility occurs throughout the life of a Child Welfare services case, every twelve months, and as the child's circumstances and needs indicate.
2. SWS II will use monthly supervision as a time to inquire about a child's screening to ensure all children assigned to her/his unit's Social Workers are screened.
3. The screening tool used by CFS is the Mental Health Screening Tool (MHST) 0-5 and the Mental Health Screening Tool (MHST) 5 to Adult (see attachment # 1). The MHST screens to identify which children, youth and non-minor dependents should be referred for a mental health assessment and prioritizes the urgency of the referral.
4. The MHST screening is completed by the assigned Social Worker and District Mental Health Liaison (MHL).
 - a. The Social Worker will complete the Mental Health Assessment Referral (MHAR) and the Mental Health Clinical Services Referral for CFS Child form (MHCSR), (see attachments #2 and #3) prior to completing the MHST with the District Mental Health Liaison.
5. If the child's results from the MHST are "negative" (the child does not need further assessment), the following apply:

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- a. If a child is not in need of mental health services follow-up, the child will be screened every twelve months and/or as indicated by the child's circumstances and needs.
 - b. Social Workers are responsible to ensure children's emotional and social needs are met. When children do not meet medical necessity for mental health service, other avenues of support should be explored.
6. If the child's results from the MHST are "positive" (the child requires further mental health assessment to determine the need for mental health services as well as Katie A. C.A.R.E.S. eligibility), the following apply:
 - a. Social Worker will complete and submit the referral packet for a mental health assessment to the District MHL. The referral packet includes the following documents:
 - DC5A and DC5B (NMD, 18-21, may sign their own consent forms);
 - Court Report (Dispositional Report, if available);
 - Attach a redacted investigative narrative For Intensive Family Services cases;
 - Placement history (may be printed out from CWS/CMS if not listed in attached court report);
 - Supportive documentation;
 - Mental Health Assessment Referral (MHAR);
 - Mental Health Clinical Services Referral (MHCSR) for CFS child/NMD;
 - Completed Mental Health Screening Tool (MHST).
7. When the results of the MHST are positive indicating a need for further mental health assessment and the child does not qualify for Medi-Cal, or has other health insurance, the Social Worker will:

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- a. Assist the family in using their primary insurance carrier to provide needed mental health assessment and/or services to the child and/or;
 - b. Submit the (MHCSR) to the District (MHL) and request mental health services from the Network Provider list.
8. When the results of the MHST are positive, but it is unlikely that the child will meet Katie A. C.A.R.E.S. eligibility, the District MHL will, in concurrence with the County Wide Assessment Team (CWAT) assessor and assessment referral protocols, submit the MHCSR for Network Provider referrals and provide these referrals to the Social Worker in a timely manner.
9. The results of the MHST (positive or negative) will be entered into CWS/CMS by the clerk assigned to Katie A. data entry. The District MHL will provide the MHST report to the Health and Education Passport (HEP) clerk who will send the results of the MHST to the clerk entering the data into CWS/CMS. The MHST documents will be inter-office mailed weekly between district HEP clerks and the clerk entering the Katie A. data.

C. Mental Health Assessment

1. The Social Worker completes the referral packet (see IV.B.6) and District MHL initiates the mental health assessment with the Behavioral Health Services (BHS) County Wide Assessment Team (CWAT). The CWAT Team Lead or his/her designee will:
 - a. Assign a BHS CWAT Mental Health Assessor for children and young people ages 5 to adult.
 - b. Refer a child 0-5 for an assessment by a BHS contracted early childhood program in the region the referral originated.
 - c. Determine appropriate referrals for assessment for sibling groups with children under and over the age of 6. A child under the age of 5 years with siblings over the age of 6 may be referred to a BHS CWAT assessor.
 - d. If the child is currently in therapy, the CWAT Team Lead or designee will obtain the most current Mental Health Assessment to determine Katie A. C.A.R.E.S. eligibility.

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- e. Ensure all Mental Health Assessments include interviews with the child, and the parents or care providers who have or had primary custodial responsibility of the child prior to CFS involvement, the current caregivers, the social worker, and any other identified collaterals.
 - f. Share BHS Mental Health Assessments results with the CFS Social Worker. Network Provider assessments will require a release of information and will not further involve BHS.
2. BHS CWAT or a BHS-designated contracted agency will complete the mental health assessment and determine Katie A. C.A.R.E.S. eligibility within two weeks of receipt of the referral for assessment.
- a. If a child does not meet Katie A. C.A.R.E.S. eligibility and is in need of mental health services, the CWAT Team Lead or designee will send the MHCSR to the County Care Management Unit and notify the District MHL and Social Worker. Once Network Providers have been identified, the MHL will provide this information to the Social Worker in a timely manner.
 - b. When the results of the Mental Health Assessment determine that the child meets Katie A. C.A.R.E.S. eligibility, the CWAT Team Lead or designee will assign the child to an Intensive Care Coordinator (ICC).
 - c. BHS CWAT Team Lead or designee will send the Katie A. C.A.R.E.S. eligibility determination to the CFS clerk responsible for documenting eligibility status via the Contra Costa County Katie A. C.A.R.E.S. Eligibility Assessment Form, (see attachment # 4). The CFS Clerk will forward the information to the Social Worker and the SWS II assigned to Katie A. Implementation.
 - d. The CWAT clinician assigned to the child during the assessment process will take the lead in arranging urgent mental health services if needed during the assessment process, and prior to an ICC's involvement in the case.
 - e. If the BHS CWAT is unable to complete the Mental Health Assessment within two weeks, the CWAT Team Lead or designee will contact the District MHL, Social Worker and the SWS II assigned to Katie A.

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- f. The Social Worker and the ICC will work collaboratively to ensure that a child residing out of county is assessed for Katie A. C.A.R.E.S. eligibility by either a local mental health provider or by a Contra Costa County BHS CWAT assessor.
- g. It is the responsibility of the Social Worker to track timelines for a child involved in the Katie A. C.A.R.E.S. eligibility assessment process. If time lines are not met the Social Worker will contact the District MHL and the SWS II assigned to Katie A. implementation.

D. Katie A. Service Planning and Implementation

- 1. Social Workers are responsible for the following activities after a child has been determined eligible for the Katie A. C.A.R.E.S.:
 - a. Coordinate closely with the BHS Intensive Care Coordinator (ICC), return all calls within 24 hours, and follow-up timely with requested information or documentation. Assist the ICC in obtaining all pertinent information and access to the child, family and caregivers to ensure a smooth service delivery model.
 - b. Provide timely communication and education on Katie A., including purpose, possible service delivery and anticipated outcomes with the family, children, and caregivers as established by the Core Practice Model.
 - c. Consult with their SWS II and the SWS II assigned to Katie A. if problems arise related to service delivery.
- 2. Social Worker will engage in teaming activities with BHS and the assigned ICC:
 - a. The Social Worker will provide BHS with pertinent family history and Court Orders specific to issues of child safety and contact with family. The Social Worker will coordinate with the ICC to plan for Katie A. service delivery.
 - b. The Social Worker will coordinate with the ICC to ensure that the family, children, and caregivers are contacted within two weeks of Katie A. C.A.R.E.S. eligibility notification to begin service delivery.
 - c. Social Worker will engage in teaming activities with the ICC to establish the Child and Family Team (CFT) and the Child and Family Team

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Meetings (see V.) and ensure that these meetings occur minimally every 90 days, as determined by the needs of the child and family.

- d. Social Worker, in collaboration and coordination with the ICC, will ensure the family and child receive all necessary specialty mental health services as outlined in the Core Practice Model. These services include but are not limited to: Therapeutic Behavioral Services (TBS), Intensive Home Based Services (IHBS), and individual and family therapy, Intensive Care Coordination, which includes ongoing Child and Family Team Meetings.
- e. During the time of Katie A. Eligibility, the Social Worker will monitor the service delivery closely, collaborate with the ICC when adjustments to services are needed, participate fully as a member of the Child and Family Team and participate in continued assessment for Katie A. Eligibility.
- f. The Social Worker will help the CFT members understand the ongoing Child Welfare issues and support the development of goals and objectives established during the CFT meetings that are aligned with Child Welfare/Dependency Court orders and expectations.
- g. The Social Worker is responsible to ensure that Katie A. data related to all service delivery efforts, is entered in CWS/CMS, under the Health Screening window, to include the start and end dates, times, and participants in Child and Family Team Meetings, dates and times of IHBS and TBS (see attachment #5).

E. Monitoring Katie A. Services

- 1. The Social Worker will closely track screening and assessment dates to ensure the service delivery timelines meet the child and family needs and align with the CPM. When timelines do not meet the needs of the child and family, the Social Worker will inform the ICC, their SWS II and SWS II assigned to Katie A. implementation.
- 2. The Social Worker will participate in the development of CFT goals and objectives that meet the Child Welfare and Mental Health needs of the family. This participation will be in concert with the ICC, the family and the CFT Team.
- 3. It is the responsibility of the Social Worker, in collaboration with the CFT and, most particularly, the child, family and ICC, to engage in continuous improvement planning.

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4. The Social Worker will work with the ICC to ensure that the CFT meet, at a minimum, every 90 days, and will convene more frequent meetings if the child and family's needs require more intensive Katie A. services.
 5. The Social Worker will apply the MHST for all children in an open Child Welfare case every twelve months and as circumstances and needs indicate.
- F. Transition
1. Transitioning plans from Katie A. to other formal and/or informal services and supports will be discussed and documented as part of the Child and Family Team meeting goals and objectives.
 2. Transition planning will begin early on in the child's Katie A. C.A.R.E.S. eligibility, will incorporate the child and family's voices and choices, and will be reviewed frequently.
 3. Transition plans will incorporate informal and formal services and supports needed to ensure long-term stability of the child and family as determined by ongoing child and family needs and safety assessments (see References for DM 31-907 Structured Decision Making Protocol).
 4. The Social Worker will coordinate transitions in collaboration with the ICC and other mental health and community services providers.
 5. Transitioning activities will be documented in CWS/CMS.

V. POLICY: CHILD AND FAMILY TEAM MODEL

A. Preparation for the Child and Family Team Meeting

1. The ICC, in a teaming effort with the Social Worker, will contact all those invited to attend the initial Child and Family Team meeting, including but not limited to; children, family, care providers, extended family, service providers, informal and formal support networks, faith-based community, and school representatives.
2. The ICC and Social Worker will contact all invited team members to develop an understanding of potential team dynamics including strengths and potential challenges.

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3. During preparation with parents the ICC and/or Social Worker will introduce the idea of Life Domains (III, K.) with the family as a method of helping the family identify strengths and potential goals.
 4. The ICC and/or the Social Worker will introduce the Child Welfare framework of Safety, Permanency, and Well-being to explain the over-arching goal of the Child and Family Team and the CFT Meetings.
 5. The duties of facilitating and documenting the CFT meetings may be shared to assist with the facilitation. The ICC and/or the Social Worker will determine during the preparation which CFT member will help document the meeting. The ICC, Social Worker, family and team members may also assist with documentation during the meeting. Effort to determine these roles prior to the first meeting may result in a smoother process.
 6. The Social Worker will assist the ICC in helping the family determine who will attend the CFT meeting based on limits established by the court and the safety of the child.
- B. Child and Family Team Meeting Process
1. Introductions and Establishing the meeting goals and objectives.
 - a. Sign In with Confidentiality and Attendance Sheet (see attachment # 6).
 - b. Provide a brief overview of the Katie A. service model to include discussions on: the partnership with family, BHS and CFS; the concept of Safety, Permanency, and Well-being, and the objective of developing plans and goals to support the family's mental health and Child Welfare goals.
 - c. Discuss CFT Agreements (how to keep the meetings safe).
 - d. Discuss CFT Agreements on how decisions will be made by the team.
 2. Develop the Family's Vision.
 - a. To help determine a family's vision, the ICC and/or Social Worker will ask open ended questions, for example, "Tell me about a time in your family

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when things were working well...when you and your children were safe....when you felt in control....”

- b. The Vision is a statement of the family’s overall goals and hopes.
 - c. The Vision is what will anchor the team and keep the team on track, focused, family centered.
 3. Determine what is working well for the family.
 - a. Encourage the family to address this question first.
 - b. Family is prepared to talk about this with the team as a result of the preparation with the ICC and Social Worker.
 - c. ICC and/or Social Worker will use prompts and open ended questions to help facilitate this discussion.
 - d. All team members will contribute to this discussion.
 - e. It is important to make sure “what is working well” is fully captured on the CFT meeting Action Plan document (see attachment # 7).
 - f. The CFT Team, with guidance from the ICC and Social Worker, will use “what is working well” in the family to help develop “Strength Based” action plans.
 4. Determine the worries of the family.
 - a. Family will be prepared to discuss this question as a result of the meeting with the ICC and/or Social Worker prior to the initial CFT.
 - b. Determine whether these worries are shared by other team members.
 - c. Are these worries related to the child’s mental health and Child Welfare needs?
 - d. Assist the family in identifying the main 3-5 concerns.

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- e. Determine which of the worries, when addressed and alleviated, would have the greatest impact on the Family Vision, and the Child Welfare and mental health needs of the child and family.
- 5. Development of family objectives/goals.
 - a. The ICC and/or the Social Worker guide the team in developing a CFT Action Plan that details objectives and measurable goals, along with what the family, the child, CFS, BHS, and other CFT members will do to support the family and children as part of the Action Plan.
 - b. Discuss and document the strengths in the family and in the team that will support the goals and objectives of the family.
 - c. Discuss how the team will know when there has been an improvement and how the team will measure the improvement.
 - d. Discuss whether the goals and objectives, when met, will improve the Safety, Permanency, and Wellbeing of the child.
- 6. Summarizing the meeting and the plans put in place.
 - a. Use the CFT Reflection form to assess how the team is progressing on determined goals (see attachment #8).
 - b. Determine with the CFT who will receive a copy of the plan and when they will receive a copy of the plan.
 - c. Establish date, time and location of the next CFT Meeting.

VI. ATTACHMENTS

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Children & Family Services
Handbook



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1. Mental Health Screening Tool (MHST) (0-5) and Mental Health Screening Tool (MHST) (5-adult)
2. Mental Health Assessment Referral (MHAR)
3. Mental Health Clinical Services Referral for CFS Child and Non-Minor Dependent (MHCSR)
4. Contra Costa County C.A.R.E.S. (Katie A. Subclass) Eligibility Screen
5. CWS/CMS Recording Mental Health Intervention Information Instructions
6. Child and Family Team Meeting Attendance, Confidentiality and Agreement Form
7. C.A.R.E.S. Child and Family Team Meeting Action Plan and Progress Summary
8. Child and Family Team Meeting “How are we doing?” Reflection Form
9. CFS Quick Guide to Social Worker’s Katie A. Responsibility
10. BHS Intensive Care Coordinators Responsibility

CONTACT PERSON: First line Supervisors and above may contact the assigned Program Analyst with any questions regarding IFS Services.

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MENTAL HEALTH SCREENING TOOL (CHILD 0 TO 5 YEARS) [MHST (0-5)]

Person Making Referral: _____ Date: _____
Telephone/Fax #: _____ Agency: ☐ Social Services ☐ Health ☐ Other: _____
Child's Name: _____ Date of Birth: _____
Caregiver/Contact Person (if known): _____
Respondent to MHST (0-5) (if other than caregiver): _____
Child's Ethnicity (if known): _____ Primary Language: _____
Child's Current Telephone: _____ SSN#: _____
Child's Current Residence: ☐ Shelter ☐ Group Home ☐ Relative ☐ Foster Care ☐ Home ☐ Other: _____
Child's Current Address: _____

Please check applicable boxes. Examples of behaviors or problems that would require a "YES" check follow each question. Please circle any that apply. This list is not exhaustive. If you have a question about whether or not to check "YES," please offer relevant information in the COMMENTS section.

YES	NO	Unknown	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History 1. Has this child experienced severe physical or sexual abuse, extreme or chronic neglect, or been exposed to extreme violent behavior or trauma? <i>Examples of experiences that may qualify as severe include: severe bruising in unusual areas, forced to watch torture or sexual assault, witness to murder, etc., rarely held or responded to.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavior 2. Does this child exhibit unusual or uncontrollable behavior? <i>0 – 18 mos: Crying that is excessive in intensity or duration; persistent arching, "floppiness," or stiffening when held or touched; cannot be consoled by caregiver; cannot initiate or maintain sleep without extensive assistance in the absence of stressors such as noise or illness</i> <i>18 – 36 mos: Any of the behaviors above; extremely destructive, disruptive, dangerous or violent behavior; excessive or frequent tantrums; persistent and intentional aggression despite reasonable adult intervention; excessive or repetitive self-injurious behavior (e.g. head banging) or self-stimulating behavior (e.g. rocking, masturbation); appears to have an absence of fear or awareness of danger</i> <i>3 – 5 yrs: Any of the behaviors above; frequent night terrors; excessive preoccupation with routine, objects or actions (e.g. hand washing – becomes distraught if interrupted, etc.); extreme hyperactivity; excessively "accident-prone;" repeated cruelty to animals; lack of concern or regard for others; severe levels of problem behavior in toileting (e.g. encopresis, smearing) and aggression (e.g. biting, kicking, property destruction)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does this child seem to be disconnected, depressed, excessively passive, or withdrawn? <i>0 – 18 mos: Does not vocalize (e.g. "coo"), cry or smile; does not respond to caregiver (e.g. turns away from his/her face; makes or maintains no eye contact; interaction with others does not appear to be pleasing); does not respond to environment (e.g. motion, sound, light, activity, etc.); persistent and excessive feeding problems.</i> <i>18 – 36 mos: Any of the above; fails to initiate interaction or share attention with others with whom s/he is familiar; unaware or uninvolved with surroundings; does not explore environment or play; does not seek caretaker/adult to meet needs (e.g. solace, play, object attainment); few or no words; fails to respond to verbal cues.</i> <i>3 – 5 yrs: Any of the above; does not use sentences of 3 or more words; speech is unintelligible; excessively withdrawn; does not play or interact with peers; persistent, extremely poor coordination of movement (e.g. extremely clumsy); unusual eating patterns (e.g. refuses to eat, overeats, repetitive ingestion of nonfood items); clear and significant loss of previously attained skills (e.g. no longer talks or is no longer toilet trained).</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement, Childcare, Education Status 4. Does this child exhibit behaviors that may not allow him/her to remain in his/her current living, preschool and/or childcare situation? <i>The child's behaviors, and/or the caregiver's inability to understand and manage these behaviors, threaten the child's ability to benefit from a stable home environment, or preschool or childcare situation.</i>

If any of the above are checked "YES," refer this child to the Provider of Early Childhood Mental Health Services designated by your county. Please forward form to: _____ If applicable, identify the agency to which the child has been referred: _____

COMMENTS/ADDITIONAL INFORMATION: _____

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MENTAL HEALTH SCREENING TOOL (CHILD 5 YEARS TO ADULT)

Please check applicable boxes on both sides of this form. Following each question are examples of behaviors or problems that would require a "YES" check. Please circle any that apply. This list is not exhaustive. If you have a question about whether or not to check "YES," please indicate the issues under the COMMENTS section on the reverse side of the form.

YES	NO	Unknown	IDENTIFIED RISK
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>1. Has this child been a danger to him/herself or to others in the last 90 days?</p> <p><i>Attempted suicide; made suicidal gestures; expressed suicidal ideation; assaultive to other children or adults; reckless and puts self in dangerous situations; attempts to or has sexually assaulted or molested other children, etc.</i></p>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>2. Has this child experienced severe physical or sexual abuse or has s/he been exposed to extreme violent behavior in his/her home in the last 90 days?</p> <p><i>Subjected to or witnessed extreme physical abuse, domestic violence or sexual abuse, e.g., severe bruising in unusual areas, forced to watch torture or sexual assault, witness to murder, etc.</i></p>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>3. Does this child have behaviors that are so difficult that maintaining him/her in his current living or educational situation is in jeopardy?</p> <p><i>Persistent chaotic, impulsive or disruptive behaviors; daily verbal outbursts; excessive noncompliance; constantly challenges the authority of caregiver; requires constant direction and supervision in all activities; requires total attention of caregiver; overly jealous of caregiver's other relationships; disruptive levels of activity; wanders the house at night; excessive truancy; fails to respond to limit setting or other discipline, etc.</i></p>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>4. Has the child exhibited bizarre or unusual behaviors in the last 90 days?</p> <p><i>History or pattern of fire-setting; cruelty to animals; excessive, compulsive or public masturbation; appears to hear voices or respond to other internal stimuli (including alcohol or drug induced); repetitive body motions (e.g., head banging) or vocalizations (e.g., echolalia); smears feces; etc.</i></p>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>5. Does the child have an immediate need for psychotropic medication consultation and/or prescription refill?</p> <p><i>Either needs immediate evaluation of medication or needs a new prescription.</i></p>

COMMENTS/ADDITIONAL INFORMATION: _____

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YES	NO	Unknown	RISK ASSESSMENT
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. This child has a history of the behaviors or experiences listed on the front page, "Identified Risk" section, that occurred more than 90 days ago. List: _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Does the child have problems with social adjustment? <i>Regularly involved in physical fights with other children or adults; verbally threatens people; damages possessions of self or others; runs away; truant; steals; regularly lies; mute; confined due to serious law violations; does not seem to feel guilt after misbehavior, etc.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Does this child have problems making and maintaining healthy relationships? <i>Unable to form positive relationships with peers; provokes and victimizes other children; gang involvement; does not form bond with caregiver, etc.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Does this child have problems with personal care? <i>Eats or drinks substances that are not food; regularly enuretic during waking hours (subject to age of child); extremely poor personal hygiene.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Does this child have significant functional impairment? <i>No known history of developmental disorder, and behavior interferes with ability to learn at school; significantly delayed in language; "not socialized" and incapable of managing basic age appropriate skills; is selectively mute, etc.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Does this child have significant problems managing his/her feelings? <i>Severe temper tantrums; screams uncontrollably; cries inconsolably; significant and regular nightmares; withdrawn and uninvolved with others; whines or pouts excessively; regularly expresses the feeling that others are out to get him/her; worries excessively and preoccupied compulsively with minor annoyances; regularly expresses feeling worthless or inferior; frequently appears sad or depressed; constantly restless or overactive; etc.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Does this child have a history of psychiatric hospitalization, psychiatric care and/or prescribed psychotropic medication? <i>Child has a history of psychiatric care, either inpatient or outpatient, or is taking prescribed psychotropic medication.</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Is this child known to abuse alcohol and/or drugs? <i>Child regularly uses alcohol or drugs.</i>

If any of the above boxes are checked "YES", the child needs to be referred to Mental Health to determine if an assessment or services are required. Please forward the form to:

(Could be preprinted to have the address of local Mental Health agency.)

COMMENTS/ADDITIONAL INFORMATION: _____

Mental Health Follow Up Response

Name: _____ Date: _____

☐ MH Assessment complete; no follow up MH service required.

☐ MH Assessment complete; MH follow up required.

☐ Other: _____

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**Mental Health Assessment Referral
Child or Non-Minor Dependent**

Date: _____
CFS Social Worker: _____ Unit _____ Phone: _____
MH Liaison: _____ Location _____ Phone: _____

CLIENT/CHILD NAME: _____ Eth: _____ Gender: M F
DOB: _____ **SS#:** _____ **Age:** _____

**SIBLINGS INCLUDED with this referral: List only siblings in the same placement.
For siblings in different homes please attach a separate referral form.**

CHILD 2: Name: _____ Eth: _____ Gender: M F
Age: _____ DOB: _____ SS#: _____

CHILD 3: Name: _____ Eth: _____ Gender: M F
Age: _____ DOB: _____ SS#: _____

CHILD 4: Name: _____ Eth: _____ Gender: M F
Age: _____ DOB: _____ SS#: _____

PARENT/GUARDIAN 1: Name: _____
Relationship: _____
Address: _____
City: _____ Zip: _____
Phone: _____

PARENT/GUARDIAN 2: Name: _____
Relationship: _____
Address: _____
City: _____ Zip: _____
Phone: _____
**siblings with different
parents check here ☐
use comments area
for additional parent(s)**

CAREGIVER/CONTACT INFORMATION IF NOT LIVING WITH PARENT(S):

Name: _____
Address: _____ City: _____ Zip: _____
Phone: _____ ☐ Message OK
Date placed: _____

CHECK ALL THAT APPLY:

Status

- ☐ Initial Assessment
- ☐ Request for reassessment
- ☐ FM/FR
- ☐ Voluntary FM/FR
- ☐ Long-term Foster Care
- ☐ Adoption
- ☐ AB12

Current location

- ☐ Group Home
- ☐ Foster Home
- ☐ Relative's Home
- ☐ NREFM Home
- ☐ Parent 1 Home
- ☐ Parent 2 Home
- ☐ THP/Independent
- ☐ ITFC
- ☐ Other: _____

REQUIRED ATTACHMENTS

- ☐ DC5A & DC5B
- ☐ Court Report
- ☐ Psychological or other
Relevant reports
- ☐ Placement History
- ☐ MHST

COMMENTS: _____

NOTE: You must attach a separate Clinical Services Referral (CFS MH-2) for each child listed on this page.

CFS MH-1 (2/11/16)

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**MENTAL HEALTH CLINICAL SERVICES REFERRAL for CFS CHILD or
NON- MINOR DEPENDENT**

Attach a separate form for each sibling referred

Please submit with Completed Mental Health Assessment Referral form

Child Name: _____ DOB: _____
CFS Worker: _____ ICC: _____ ☐ referral by ICC

PRESENTING PROBLEM(S) TO BE ADDRESSED IN THERAPY: CHECK IF NONE : ☐

- | | | |
|---|---|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Trauma / PTSD | <input type="checkbox"/> Chronic Mental Illness |
| <input type="checkbox"/> Mood Swings / Bipolar symptoms | <input type="checkbox"/> Grief / Loss / Separation | <input type="checkbox"/> Anger Problems / Aggression / |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Impulse Control Problems/ADD | <input type="checkbox"/> Violent Behavior |
| | | <input type="checkbox"/> Serious Behavior Management |
| | | <input type="checkbox"/> Issues |

Describe behaviors and symptoms that need to be addressed: _____

Psychiatric/ history (inpatient/outpatient - list 5150 & hospitalizations): _____

Current psychotropic medications: _____
☐ Immediate Need for Psychotropic Medication Evaluation

Special clinical treatment issues: ☐ None ☐ Suspected: ☐ Confirmed:

- | | | |
|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Sexual Abuse: | <input type="checkbox"/> Victim | <input type="checkbox"/> Perpetrator |
| <input type="checkbox"/> Sexual exploitation | | |
| <input type="checkbox"/> Substance Abuse: | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Cannabis |

☐ Prescription ☐ Other : _____ In Treatment: ☐ Y ☐ N ☐ Referred

Describe special issues: _____

Current mental health treatment: _____

Previous mental health treatment: _____

Physical health issues: _____

Primary Care MD: _____ Phone: _____

School: _____ District: _____

Services requested: ☐ None ☐ Individual ☐ Family ☐ Psychiatric/Medication Evaluation

- ☐ Psychological Evaluation - attach "Request for Evaluation, Testing and Assessment Services" form and all supporting documentation.

Language / cultural preferences: _____

Suggested mental health provider: _____ Agreed to treat? ☐ Yes ☐ No

Mental Health Liaison: MHST status: + / - Concurrent CARES / CMU referral: ☐ Yes ☐ No

Concurrent referral reason: _____

☐ CMU referral only

CFS MH-2 (2/11/16)

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Name:
DOB:
MRN:

Contra Costa County CARES (Katie A. Subclass) Eligibility Screening

1. Does the above mentioned child have full scope Medi-Cal? ☐ yes ☐ no
2. Does the above mentioned child have an open Child Welfare Case? ☐ yes ☐ no
3. Does the above mentioned child meet Medical Necessity criteria?
See Assessment/Annual update dated: _____ ☐ yes ☐ no
4. Is the child currently receiving or being referred for any of the following services:

	Currently receiving services	Referral submitted or strongly recommended for following service (please add date of referral):
Wraparound	No	No
Therapeutic Foster Care	No	No
Specialized Care Rate due to behavioral health needs	No	No
Therapeutic Behavioral Services	No	No
Crisis Intervention/Stabilization (PES/MRT)	No	No
Other intensive EPSDT mental health services (day treatment, EBP's, enhanced school programs, etc.)	No	No
Placement in RCL 10 or above	No	No
Psychiatric Hospital or 24 hour mental health facility	No	No

5. Has the child had three or more placements within 24 months due to behavioral health needs? ☐ yes ☐ no

***Children meet criteria for CARES if:**

- the answers to numbers **1,2, and 3** are all 'yes' and
- The child is in, or strongly recommended for, any of the services in **4** or the answer to **5** is 'yes'

Child meets criteria for CARES*: ☐ yes ☐ no

If child meets criteria for CARES, what is the current living situation?

☐ group home ☐ foster home ☐ relative's home ☐ with parent(s) ☐ with NREFM ☐ other

Child/youth/family have refused assessment services:

(Name of Person Date)

If child does not meet CARES criteria:

- ☐ Referral to MH Liaison: (name, region): _____
- ☐ Referral to Other: _____
- ☐ No referral needed: (reason) _____

Rebecca Reyna Perez, MFTi _____

Assessor completing form (Print)

(Date)

(Signature)

CARES (Katie A Subclass) Eligibility Screening rev. 10-20-15

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Recording Mental Health Intervention
Information in the CWS/CMS

Using CWS/CMS to Mental Health Information

Information regarding a child or youth's mental health screen, including results, referrals, and plan interventions, once obtained from mental health agencies or providers, should be recorded into the CWS/CMS application. If plan interventions change, the plan intervention section should be updated, as needed.

The functionality to record this information in CWS/CMS can be found in the Health Notebook under screening. This page will only be enabled for a focus child client in a case, or victim in a referral. Step-by-step instructions are provided below.

Intervention Plans Frame

1. Click on the "+" in the "Intervention Plan" section (shown below)

Intervention Plan				
+	Start Date	Plan Type	End Reason	End Date
1	08/28/2013	Initial Mental Health		

Start Date	Plan Type	Comments
08/28/2013	Initial Mental Health	
End Reason	End Date	

2. Enter the Start Date
 - Future dates are not allowed
3. Click the "Plan Type" drop down menu.
4. Select from the four plan type choices: "Initial Mental Health," "Updated Mental Health," "Initial Developmental" or "Updated Developmental"
5. Enter details in the "Comments" field.
 - Comments field allows up to 4,020 characters.
6. Record end reason and date, as appropriate.
 - Complete both fields or leave blank. Users cannot enter an end reason or end date only.
7. Click on the "+" in the "Plan Detail" section (shown below) Click on the "Recommended Intervention Choices" drop down menu. Select from 13 different mental health plan types and 11 different developmental plan types (The list of choices varies depending on the Plan Type selected):
 - Please note that one or more "Recommended Intervention Choices" can be associated to a single Intervention Plan

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Recording Mental Health Intervention Information in the CWS/CMS

Plan Detail			
+	Start Date	Recommended Intervention Choices	End Date
1	08/28/2013	Intensive Home Based Services	

Start Date	Recommended Intervention Choices	End Date	Comments
08/28/2013	Intensive Home Based Services		

The following options are available for mental health intervention choices:

- Assessment
- Child & Family Team
- Community Based Services
- Crisis Intervention
- Inpatient Treatment
- Intensive Care Coordination
- Intensive Home Based Services
- Medication Support Services
- Outpatient Treatment
- Social Emotional
- Therapeutic Behavioral Services
- Treatment Foster Care
- Other (If "Other" is selected, the comments field is mandatory, Comments field allows up to 254 characters.)

The following options are available for recording developmental intervention choices:

- Adaptive
- Assessment
- Child and Family team
- Cognitive
- Communication
- Community Based Services
- Early Intervention Services/IFSP
- Gross/Fine Motor
- Natural Supports
- Social Emotional
- Other

- Start Date and Plan Type are mandatory when creating a new row.
- The Intervention Plan grid is sorted with active plans on top.
- Ended plans will be sorted by End Date with the most recent end date first.

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CHILD AND FAMILY TEAM MEETING (CFT) ATTENDANCE, CONFIDENTIALITY AND AGREEMENT FOR LIMITED USE OF ACCESS TO CONFIDENTIAL FAMILY AND TEAM MEETING

FAMILY TEAM:

DATE:

By signing below I understand that as a member of the CFT, I will have access to confidential information about an individual's or a family's involvement with the Contra Costa County Children & Family Services. This information may be in the form of written records or may be shared verbally by a family member of the team. I understand that this information about the children and family must remain confidential, including minutes provided after the meeting is held. I understand and agree that I must not provide any of this confidential information to those who are not part of this CFT meeting process. I also understand that my access to this information is limited strictly to the information necessary to carry out my role as part of the CFT. I will not share information received at a team meeting concerning a child or family member with anyone including other family members, friends of the family or professionals who are not part of this team. However, any information about possible allegations of child abuse or neglect that was not previously investigated by CFS are required to be reported to CFS. I understand that the family identifies and regulates members of the team, except for the CFS representative. Team members are entitled to team notes even if absent, if they have signed a prior confidentiality statement for this family.

In accordance with the policy of CFS and any applicable provisions of California law, I agree to keep confidential all personally identifiable information and records regarding any child who is the subject of a CFT meeting and any member of the child's family. I will not communicate or provide any of that confidential information to any other person, unless authorized to do so in a release signed by the child's parent, guardian or custodian who designated me as a member of the team, or unless required in a juvenile or other court proceeding.

SIGNATURE OF ATTENDANCE/CONFIDENTIALITY	PRINTED NAME OF ATTENDEE	RELATIONSHIP TO CHILD	PREFERRED METHOD OF CONTACT/OPTIONAL	NOTES YES/NO

Master List/Confidentiality Agreement: ☐

Attendance Sheet: ☐

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CFT ATTENDANCE, CONFIDENTIALITY AND AGREEMENT Absent Team Member Documentation

ABSENT MEMBERS					
NAME	RELATIONSHIP TO CHILD	STILL ON THE TEAM	REASON ABSENT	SIGNED CONFIDENTIALITY STATEMENT (YES OR NO)	INITIALS OF CAREGIVER/FAMILY

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C.A.R.E.S. Children and Family Team Meeting
Action Plan and Progress Summary

Date of the meeting:		AGENCY:		
Child/Youth:		Intensive Care Coordinator:		
Parent:	Parent:	CFS Social Worker:		
Current Caregiver:				
Family Visions and Hopes:				
What is working well?				
What are your worries and needs?				
Objectives/Goals	What needs to happen next?	Who makes it happen?	By When?	Progress
				Completed:
				Completed:
				Completed:
				Completed:
				Completed:
How does this plan support the CFS Case Plan?				
How does this plan support the child/youth's increased health and wellbeing?				
Date and time of follow-up CFT Meeting:				
Location:				

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Child and Family Team Meeting Reflection Activity

How Are We Doing?

1. Pausing to ask reflective questions builds understanding of the family and other team member's views of the progress being made.
2. This activity provides an anchor to bring team's back to center when off course.
3. When used effectively, this activity increases awareness of disparity in team member's opinion on how things are progressing and can help teams move through periods of conflict.
4. Evaluation process provides opportunities to celebration successes and establishes next steps.

Children & Family Team Meeting – How are we doing?				
100				
90				
80				
70				
60				
50				
40				
30				
20				
10				
WEEK #	Objective/Goal	Objective/Goal	Objective/Goal	Objective/Goal

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Children and Family Services Quick Guide to Social Worker's Katie A. Responsibilities

<p>Family Engagement:</p> <ol style="list-style-type: none"> 1. Inform parent(s)/guardian(s) about the collaboration of CMH and CFS as it relates to children who meet the criteria for Katie A. services 2. Provide ongoing updated information to parent(s)/guardian(s) regarding child MH services, including eligibility, referrals, services, rationale for services, impact on Child Welfare related services 3. Alongside the ICC, prepare parent(s)/guardian(s) to participate as a key member of the CF TEAM and in the CFT meetings 4. Provide ongoing information and support to parents as they navigate both CFS and CMH
<p>Screening and Assessment</p> <ol style="list-style-type: none"> 1. Complete the MHST with MHL on all children open as a Court, IFS, FM, FR, PP cases 2. Follow up with phone calls, etc...to ensure child receives appropriate MH services related to outcome of screening, regardless of screening outcome 3. For positive screenings, pull together documents necessary for child to proceed to a mental health assessment for eligibility determination, and keep a copy of all documents in the case file 4. Track timelines between screen and assessment to ensure child and family receive timely mental health services 5. Return all calls from BHS CWAT team and ICC within 24 hours. Doing so will assist in the child and family receiving services timely 6. Maintain communication with MHL regarding the screening and assessment process
<p>Once child is determined Katie A. eligible:</p> <ol style="list-style-type: none"> 1. Return all MH related calls within 24 hours 2. Review MH Assessment 3. Contact ICC and provide information regarding case significant information (court orders and safety concerns.) 4. Inform parent(s)/guardian(s) and provide information on next steps 5. Coordinate/collaborate with ICC to prepare family for CF TEAM and CFT Meeting 6. Begin the Teaming process with the ICC by maintaining a collaborative approach to coordinating Katie A. services
<p>Service Planning and Delivery</p> <ol style="list-style-type: none"> 1. Actively participate in the CFT meetings and as a part of the team 2. Provide shared leadership with the ICC and particularly as it relates to Child Welfare mandates 3. Attend CFT Meetings regularly 4. Assist ICC with facilitation and recording progress as appropriate 5. As the CFS representative, provide ongoing and accurate information regarding Court orders, dependency case plan compliance, progress towards Case Plan Service goals related to children safety, reunification and permanency 6. Ensure ongoing formal and informal assessment, reflection, evaluation on the Katie A. services and the family and child's improved mental health and Child Welfare goals. 7. Provide support during transitional phases of MH services
<p>Substitute Care Providers (SCP)</p> <ol style="list-style-type: none"> 1. Provide ongoing support, information, and guidance related to MH services and referrals 2. Help SCP understand and navigate the CMH system 3. Provide all necessary contact information related to child safety in their home, school and community 4. Facilitate relationship between ICC and SCP 5. Keep SCP informed of all MH related information

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Intensive Care Coordinator (ICC) Responsibility
Draft 01/16

Intensive Care Coordination begins once a child/youth is found eligible for CARES and the case is referred from the County Wide Assessment Team (CWAT) to an ICC.

Family Engagement and Creating Child and Family Team (CFT).

1. At every stage of the CFT process, the ICC reaches out to child and family members to keep them informed and engaged as key participants of the team, whose goals shape the mission of the CFT.
2. Upon receiving the referral, the ICC reviews the assessment and other accompanying documents.
3. The ICC will contact the CFS worker and identify him-/herself as the ICC for the child. Together they will discuss the child's needs and case plan, and identify potential members of the CFT. The ICC will consult with CFS about the appropriateness of including biological parents and guardians in CFT meeting. They work together in establishing a Child Family Team (CFT) for the child consisting of the child/youth, family members, the CFS worker, the MH provider, other service providers and anyone else important to the child and who can assist in determining the child's/family's needs and strengths.
4. Unless CFS worker determines it detrimental to the child or the team, the ICC will contact the child's parents advising of his/her role as ICC and informing them that a time will be set for a joint meeting to discuss child's needs and begin developing a Child and Family Team. ICC will inform them that the SW and ICC will contact them within 2 week to schedule a time for a joint meeting to discuss the child's strengths and needs and to begin developing a plan.
5. Within the first week of assignment, ICC will plan contact with the child and child's caretaker in the home where the child resides to begin the engagement process and discuss the child's needs.
6. The frequency of the CFT meetings will be determined at the initial CFT meeting and will be based on the family's needs and preferences. At a minimum a CFT meeting must occur every 90 days to re-evaluate sub-class eligibility, to ensure needs of child/youth are being met, and to update the CFT plan

Assessment

1. The ICC facilitates the assessment of client's and family's needs and strengths
2. The ICC facilitates the assessment of the adequacy and availability of resources
3. The ICC reviews the information from family and other resources
4. The ICC facilitates the evaluation of previous interventions and activities

Service Planning

1. In partnership with the CFT, the ICC will develop a plan with specific goals, activities, and objectives.
2. The ICC continuously clarifies the roles of individuals involved the CFT process.
3. The ICC facilitates the identification of interventions and will make referrals to service providers as deemed appropriate and follow through to ensure services are provided and prove effective for the child.
4. Services may include but are not limited to: Intensive Home Based Services (IHBS), Therapeutic behavioral Services (TBS), individual therapy, Wrap Around, Transition Age Youth (TAY) services, MRT, psychiatric services, community resources (kinship program, support groups, etc), specialty mental health groups, substance use program, homeless services, etc.

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Monitoring and Adapting

1. The ICC monitors and tracks team members' actions to ensure that services and activities are progressing appropriately
2. The ICC re-evaluates and if needed redirects the teams activities no less than every 90 days
3. Between meetings, the ICC (in concert with the SW) will check in with team members about their role in the plan, actions taken, obstacles, emerging needs, and possible solutions to obstacles. Provide psycho-education and assist with crisis intervention as needed

Transitioning

1. Within the context of the Child and Family Team the ICC facilitates the development of a transition plan to foster long-term stability including the effective use of natural supports and community resources
2. When transitioning and closing out Katie A sub-class services, every effort should be made to have a final CFT meeting. Transition and closing CFT should occur when the service is no longer needed. Transition plans must reflect the child/youth and family's voice and choices and the team must ensure that the transition plan is described clearly and documented carefully in the progress notes. The general time frame for the transition plan process varies from 30-90 days, depending upon the situation.

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