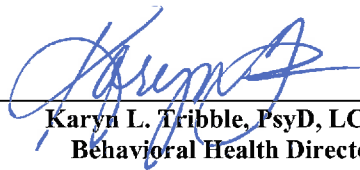




By: 
Karyn L. Tribble, PsyD, LCSW
Behavioral Health Director

POLICY TITLE Provisions, Protocols, and Criteria for Identifying and Providing Intensive Services to Children/Youth in the Katie A. Subclass	Policy No: 403-4-01 Date of Original Approval: 12/16/19 Date(s) of Revision(s):
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PURPOSE

This policy outlines protocol for the identification of specialty mental health services for children/youth who qualify under the Katie A. subclass and establishes the procedure effective implementation of specialty mental health services.

AUTHORITY

The California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) recognizes the unique needs of foster youth or those youth at risk of entering foster care having access to mental health services. As part of the Katie A. benefits, the aforementioned youth who have the most complex needs were designated to receive a more intensive array of mental health services.

Statutory Authority:

On September 9, 2013, DHCS released **MHSD Information Notice No.: 13-19**, which outlined expectations for county Child Welfare Departments and Mental Health Plans for providing Specialty Mental Health Services to youth who are identified as members of the Katie A. subclass.

SCOPE

Katie A services for subclass members are jointly managed by Alameda County Behavioral Healthcare (ACBH) Services and Alameda County Department of Children and Family Services (ACDCFS) Representatives from both departments meet bi-monthly in a Joint Partnership Committee to provide oversight of Katie A implementation and operational issues. The Joint Partnership workgroup functions to address Katie A operational questions and issues in a coordinated manner; it includes both the Director of ACDCFS, ACBH Juvenile Justice/CFS Health Services Director, as well as other leaders and managers including family partners and parent advocates.

A Family Subcommittee, composed of a Youth Advocate, Family Partners (from mental health system), and Parent Advocates (from child welfare system), meets to work on specific projects related to Katie A implementation. The co-chairs of the Family Subcommittee are also members of the Joint Partnership Committee.

POLICY

Katie A. Services must be delivered in a manner consistent with the standards set forth in the Pathways to Mental Health Services Core Practice Model Guide, a framework that describes a collaborative team-based approach for individual service providers and systems serving children/youth and families in the child welfare system, and the Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries.

All Katie A. Subclass members must be offered Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care, as medically necessary.

Under the Core Practice Model, ACBH and ACDCFS practice shall demonstrate and support the following:

- Children are first and foremost protected from abuse and neglect, and maintained safely in their own homes.
- Services are needs driven, strength based, and family focused from the first conversation with or about the family.
- Services are individualized and tailored to the strengths and needs of each child and family.
- Services are delivered through a multi-agency collaborative approach that is grounded in a strong community base.
- Parent/Family voice, choice, and preference are assured throughout the process and can be seen in the development of formal plans and intervention strategies where the child/youth and family have participated in the design.
- Services incorporate a blend of formal and informal resources designed to assist families with successful transitions that ensure long-term success.
- Services are culturally competent and respectful of the culture of children and their families.
- Services and supports are provided in the child and family's community.
- Children have permanency and stability in their living situation.

PROCEDURE

Katie A. Subclass Eligibility

Children & youth are a part of the Katie A subclass if they are:

1. Eligible for Full-Scope Medi-Cal
2. Have an open Child Welfare Case
3. Meet [Medical Necessity Criteria](#) for Specialty Mental Health Services

In addition to:

1. Currently receiving OR being considered for any of the following:
 - a. Wraparound,
 - b. Therapeutic Foster Care,
 - c. Specialized Care Rate due to behavioral health needs,
 - d. Intensive EPSDT services (ACBH Level 1 services that include combination of psychiatry, case management, and therapy)
 - e. Placement in Short Term Residential Therapeutic Program
 - f. Therapeutic Behavioral Services (TBS),
 - g. Crisis stabilization or Psychiatric hospitalization -OR-
2. Having experienced three or more placements within 24 months due to behavioral health needs.

Non-minor Dependents and youth open to Informal Family Maintenance are eligible for Katie A. subclass membership if they meet the above subclass criteria.

Children and youth in Non-Relative Legal Guardianship placements are not considered members of the Katie A subclass.

KATIE A. SUBCLASS IDENTIFICATION & TRACKING

Alameda County uses a two-pronged approach to identify subclass members.

- 1) The first identification method occurs via a monthly data exchange between ACBH and DCFS, which allows both departments to identify subclass members through service utilization history and placement history based on the major subclass criteria points. Alameda County has a court order authorizing both departments to share data for the purpose of Katie A subclass identification and referral to appropriate services.
- 2) The second method of subclass identification occurs via Child Welfare Worker (CWW) referral. CWWs discuss ICC/IHBS services with clients and families on their caseload who meet subclass criteria based on their detailed knowledge of the youth, and make referrals as appropriate. This latter method allows us to identify and serve youth who meet the "being considered for" element of subclass criteria, an element that our data exchange system cannot determine. This second method represents an advance over subclass identification systems that are entirely dependent on CWW determinations and referrals.

KATIE A. DECLINE RULES & PROCESS

In most cases subclass members aged 12 and above have the authority to accept or decline ICC, IHBS, and TFC services.

For youth under the age of 12, different rules apply based on the case disposition. When children under age 12 are placed in foster care, the CWW and ICC Coordinator make a joint determination as to whether to decline ICC services on behalf of a known subclass member.

In the case of Family Maintenance and Relative Guardianship cases, the custodial parent or legal guardian can decline ICC services for children under age 12.

Note: Subclass membership is separate and distinct from the decision to decline services to which a subclass member is entitled. Children/youth who decline may choose to engage ICC services at a future date. So long as youth meet criteria for subclass, they are entitled to ICC, IHBS, and TFC when appropriate and they child/youth meets medical necessity for these services.

KATIE A. SERVICES/CHILD AND FAMILY TEAM

The Core Practice Model articulates a definition of Child and Family Team (Katie A. CFT) that values youth and families as equal partners and decision makers. It is based on the premise that it takes a team of people to ensure that children, youth and families successfully transition out of the system and achieve positive outcomes. Importantly, the CPM distinguishes Katie A. CFTs, which are people, from Katie A. CFT meetings, which are the vehicles the Katie A. CFT uses to communicate and coordinate their work.

The process begins with engaging the child/youth & family in a conversation about strengths and underlying needs. As these are identified the team expands, under the direction of youth and family, to include other members as necessary and appropriate, including natural supports. With youth and family at the forefront, all members of the team articulate goals and develop a shared plan. This process improves the coordination of care plans so that all team members align efforts with the youth and family toward shared goals that support safety, permanence and well-being. Together the team develops a shared plan, leveraging youth and family strengths to address risks and need; it routinely evaluates and refines the plan and intervention strategies (i.e., ICC, IHBS, and other necessary specialty mental health

services) in response to real-time feedback from the youth, family and other team members. Finally, and importantly, the team plans for transition out of formal services as goals are met and symptoms and behaviors are improved.

KATIE A. CFT SERVICE EXPECTATIONS & TIMELINES

Katie A. CFTs must be conducted in accordance with the standards of practice articulated in the Pathways to Mental Health Core Practice Model and the Medi-Cal Manual for Intensive Care Coordination, Intensive Home-Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries.

Timeliness is a vital aspect of positive engagement. As such Alameda County requires that case opening and initial Katie A. CFTs occur within the following timelines:

- Open episode occurs within two weeks (10 business days) of referral.
- Initial Katie A. CFT must occur within 30 days of episode opening, or 30 days of subclass list receipt.
- The frequency and location of Katie A. CFT meetings must be flexible, and guided by youth and family needs and preferences. However, Katie A. CFT meetings must occur, at a minimum, **no less than every 90 days**.

AUTHORIZATION OF SERVICES

ACBH does not provide prior authorization for ICC. Requests for ICC for Katie A. subclass members are referred to an ICC provider.

ACBH does require prior authorization for IHBS and TFC services. Refer to the following policies for additional information:

- Provisions, Protocols, and Criteria for Implementing Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS)
- Therapeutic Foster Care (TFC) Eligibility and Referral

NON-COMPLIANCE

Any failure to comply with this policy may result in formal actions including and up to formal sanctions as outline in ACBH policy 1302-1-1 "Contract Compliance and Sanctions for BHCS – Contract Providers

CONTACT

ACBH Office	Current as of	Email
Child and Young Adult System of Care	09/4/2019	InfoACBH.CYASOC@acgov.org
Network Office	09/4/2019	Contracts@acgov.org
Provider Relations Claims Processing	09/4/2019	(510)383-1582
Utilization Management	09/4/2019	(510) 567- 8141
Quality Assurance	09/4/2019	QAOFFICE@acgov.org
Quality Improvement	09/4/2019	QITEAM@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff
- ACBH County and Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Andrea Kiefer, ICC/IHBS Coordinator, Child and Young Adult System of Care

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Date of Revision:

Revise Author	Reason for Revise	Date of Approval by (Name)

DEFINITIONS

Term	Definition
ACBH	Alameda County Behavioral Health
BHCS	Behavioral Health Care Service
CFT	Child and Family Teams
CDSS	California Department of Social Services
DHCS	Department of Health Care Services
IHBS	Intensive Home-Based Services
ICC	Intensive Care Coordination
Katie A.	Katie A.: A Birth - 21 years old system of care, in partnership with county mental health plans, Department of Family & Children Services (DCFS), screens all children in the foster care system, and links them to behavioral health services
MHSUD	Mental Health Substance Use Disorder Services