



# Katie A. Overview

**Child Advocates**  
**November 29, 2018**



**Santa Clara County Behavioral Health Services Department  
&  
Santa Clara County Department of Family & Children's Services**



# Katie A. et al v. Bonta Settlement

- In July 2002, a class action lawsuit was filed to obtain Wraparound and Therapeutic Foster Care (TFC) services for children in or at risk of placement in foster care or group homes. In December 2011, the final settlement was approved.
- Who is Katie A?
  - A 14 year old girl at the time the lawsuit was filed.
  - Placed in foster care for 10 years.
  - Moved through 37 different placements.
  - Early assessment indicated services needed, but did not receive trauma treatment or individualized mental health services.

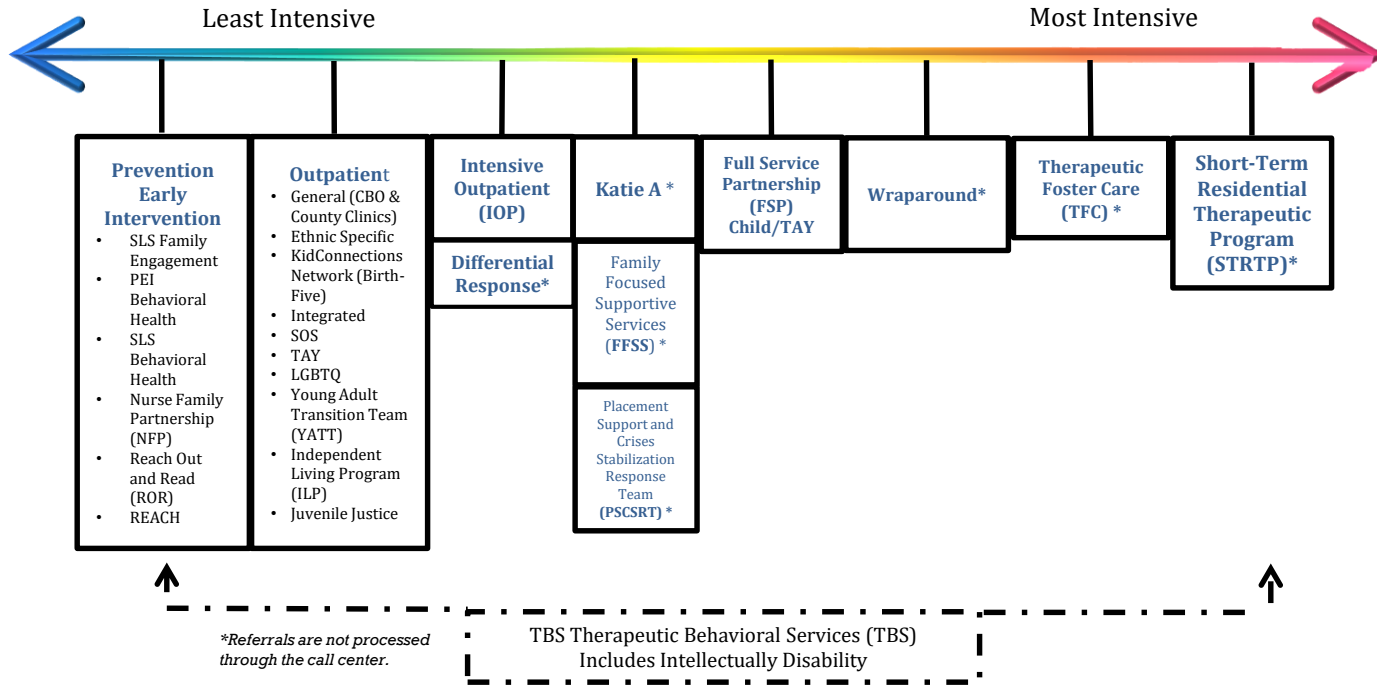


# Katie A. Settlement Agreement

- **Universal Screening** – required for all children/youth ages 0-21 with an open child welfare case, including infants, non-minor dependents, and voluntary cases.
- **Referrals** – linkage to all mental health services up to Wraparound.
- **Katie A. Intensive Services** – mental health program for all children with full-scope Medi-Cal and who meet medical necessity (excluding youth in STRTP).



# BHSD Family & Children's Division Coordinated Continuum of Care





# What does Katie A provide?

- Katie A. Program provides behavioral health services in the home, school and/or community in order to meet the child's needs for safety, permanence, and well-being.
- Katie A. services are strength based, individualized to children and their families, and respectful of the family's values and culture.
- The settlement agreement created two new services: Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)



# Intensive Care Coordination (ICC)

- ICC starts with a team, called the *Child and Family Team (CFT)*, made up of child, family and or caregivers, child welfare and behavioral health professionals, as well as other people who are identified to be on the team (e.g. coach, teacher, relative, family friend, CASA, pastor or priest, others).
- This team meets and works together to help identify the strengths, needs and goals of the child and family. Together the team develop a plan to help meet the child and family's needs, achieve their goals and support their strengths.
- The team will help to coordinate the care received from all areas such as behavioral health, education, child welfare, and physical health care.
- Location and frequency of team meetings is guided by the child and family's wishes.
- The team is led by an ICC facilitator, whose role is to ensure that the family's voice and choice is heard during the meetings.



# Child and Family Team

*The Child and Family Team (**CFT**) is a team that shares a vision with the family and is working to advance that vision while a team meeting is how the members communicate. No single individual, agency or service provider works independently.*

*Working as part of the team is a collaborative way of decision making.*



# Child and Family Team

## Child/Youth, Family and Extended Family

### Informal Supports

- Friends
- Coaches
- Faith-Based Connections

### Formal Supports

- Educational Professionals
- Mental Health
- Child Welfare
- Probation Officers
- Representatives from other agencies providing services to child/youth and family
  - Regional Center Case Managers
  - Substance Use Disorder Specialists
  - Health Care Professionals





# Intensive Home Based Services (IHBS)

- IHBS are provided by a behavioral coach/ family specialist, therapist, peer mentor, or parent partner.
- IHBS services help the child/youth develop skills to succeed at home and in the community.
- IHBS providers work with the child/youth and/or family in the home, school, or other community settings.
- IHBS services helps the child/youth connect to community services that support their healthy development.



# Engagement in Services

- Families may initially be hesitant to agree to receiving behavioral health services for many reasons:
  - Stigma
  - Concern about connection to DFCS and confidentiality
  - Feeling overwhelmed with the situation
  - Not knowing what services will look like for their family
- What can help:
  - Information about what services will look like in their situation
  - Reassurance that the services will be confidential (within the limits of mandated reporting laws), non-judgmental and respectful of their values and culture
  - Reassurance that they are the decision makers about the services and they can discontinue services if they are not helpful



# Katie A. in Santa Clara County

- Behavioral Health and DFCS Partnership
  - Social Worker submits a Katie A. Referral form to the Katie A. Coordinators via [KatieAReferrals@ssa.sccgov.org](mailto:KatieAReferrals@ssa.sccgov.org)
    - Katie A. Coordinator - Gayle Peitso, LCSW
    - Katie A. Coordinator – Janet Caudillo, LCSW
  
- **Katie A. Providers**
  - Uplift Family Services
  - Rebekah Children’s Services (RCS)
  - Community Solutions
  - Gardner Family Care Corporation



# Katie A. Coordinator Contact Information

## Katie A Coordinators:

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