



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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EDMUND G. BROWN JR.
GOVERNOR

March 17, 2015

ALL COUNTY LETTER (ACL) NO. 15-12

TO: COUNTY BOARDS OF SUPERVISORS
COUNTY WELFARE DIRECTORS
COUNTY WELFARE FISCAL OFFICERS
COUNTY CHILD WELFARE DIRECTORS

SUBJECT: FISCAL YEAR 2014-15 KATIE A. SETTLEMENT AGREEMENT
REPORTING REQUIREMENTS ALLOCATION

REFERENCE: [ACL NO. 13-73, DATED SEPTEMBER 9, 2013; ACL NO. 14-29,
DATED MARCH 28, 2014](#)

The purpose of this letter is to provide information regarding the semi-annual progress reports required by the *Katie A. v. Bonta* settlement and implementation plan during Fiscal Year (FY) 2014-15. In addition, this letter informs counties of the certification form process to be used in claiming reimbursement for the costs of preparing these reports and the allocation for FY 2014-15.

A total of \$400,000 General Fund (GF) is available to counties per the Budget Act of 2014 for administrative costs to complete the Katie A. semi-annual progress reports due in FY 2014-15. This report describes county activities and progress related to the implementation of Intensive Care Coordination, Intensive Home-Based Services and Therapeutic Foster Care for children and youth who meet the subclass criteria as defined in the *Katie A. v. Bonta* Settlement Agreement. Additional background information about the progress report requirement may be found in the Department's [ACL No. 13-73](#) and [ACL No. 14-29](#).

Specifically, these funds will be available to reimburse counties for costs incurred for the completion of the October 1, 2014 and April 1, 2015 Katie A. semi-annual progress report. The FY 2014-15 allocation for the counties participating in the Title IV-E California Well-Being Project (Project) will also be shown in the Project allocation County Fiscal Letter.

In consultation with the County Welfare Directors Association and the Department of Finance, \$400,000 GF is allocated for reimbursement with matching federal Title XIX funds as follows (see Attachment I):

- Counties were grouped into size categories based on the number of children per county from age three to 20 years old.
- Each size category was allotted a number of Full-Time Equivalents (FTEs).
- Counties were then distributed an allocation amount based on the number of FTEs assigned multiplied by the full cost of a social worker.

Claiming Instructions

In order to receive payment for the costs of preparing the semi-annual progress reports, counties must submit a certification form. The October 1, 2014 reports have already been received, and only the certification form is due for reimbursement of the October 2014 costs. Please submit the October certification form along with the April certification form and semi-annual progress report. Please see Attachment II for the certification form.

The following represents the reporting periods and due dates for which reimbursement may be claimed:

Report Period	Due Date
March 1 – August 31, 2014	October 1, 2014
September 1, 2014 – February 28, 2015	April 1, 2015

Certification forms for both periods and the progress report for April must be fully completed and submitted to the state by April 1, 2015, in order to receive reimbursement.

The progress report should be jointly prepared by Mental Health Plans and Child Welfare Departments and submitted electronically with a completed certification form to either one of the state agencies at the e-mail addresses below:

California Department of Health Care Services (DHCS) at: KatieA@dhcs.ca.gov
California Department of Social Services (CDSS) at: KatieA@dss.ca.gov

As stated in [Proposition 30 \(The Schools and Local Public Safety Protection Act of 2012 – California Constitution Article XIII Section 36\) section \(4\) \(A\) \(B\)](#) “Legislation enacted after September 30, 2012, that has an overall effect of increasing the costs already

borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation shall apply to local agencies only to the extent that the State provides annual funding for the cost increase. Local agencies shall not be obligated to provide programs or levels of service required by legislation, described in this subparagraph, above the level for which funding has been provided. (B) Regulations, executive orders, or administrative directives, implemented after October 9, 2011, that are not necessary to implement the 2011 Realignment Legislation, and that have an overall effect of increasing the costs already borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation, shall apply to local agencies only to the extent that the State provides annual funding for the cost increase. Local agencies shall not be obligated to provide programs or levels of service pursuant to new regulations, executive orders, or an administrative directive, described in this subparagraph, above the level for which funding has been provided.” Therefore, all new costs imposed by the state will be funded up to the amount in the 2014 Budget Act.

If you have any questions regarding these programs or the progress reports, please contact the DHCS, Mental Health Services Division, Litigation Support Unit at (916) 650-6486 or KatieA@dhcs.ca.gov or the CDSS, Resources Development and Training Support Bureau at (916) 651-6600 or KatieA@dss.ca.gov. Any questions regarding this allocation should be directed to fiscal.systems@dss.ca.gov.

Sincerely,

Original Document Signed By:

BRIAN DOUGHERTY, Chief
Financial Management and Contracts Branch

Attachments

**FISCAL YEAR 2014-15 KATIE A. SETTLEMENT AGREEMENT REPORTING REQUIREMENTS ALLOCATION
GENERAL FUND ALLOCATION**

COUNTY	Total Funds	FY 14-15 Katie A. GF ALLOCATION	Title XIX Funds CFDA #93778
Alameda	\$24,060	\$12,030	\$12,030
Alpine	\$3,008	\$1,504	\$1,504
Amador	\$3,008	\$1,504	\$1,504
Butte	\$12,030	\$6,015	\$6,015
Calaveras	\$12,030	\$6,015	\$6,015
Colusa	\$3,008	\$1,504	\$1,504
Contra Costa	\$24,060	\$12,030	\$12,030
Del Norte	\$6,016	\$3,008	\$3,008
El Dorado	\$12,030	\$6,015	\$6,015
Fresno	\$24,060	\$12,030	\$12,030
Glenn	\$6,016	\$3,008	\$3,008
Humboldt	\$12,030	\$6,015	\$6,015
Imperial	\$12,030	\$6,015	\$6,015
Inyo	\$3,008	\$1,504	\$1,504
Kern	\$24,060	\$12,030	\$12,030
Kings	\$12,030	\$6,015	\$6,015
Lake	\$12,030	\$6,015	\$6,015
Lassen	\$6,016	\$3,008	\$3,008
Los Angeles	\$48,110	\$24,055	\$24,055
Madera	\$12,030	\$6,015	\$6,015
Marin	\$6,016	\$3,008	\$3,008
Mariposa	\$3,008	\$1,504	\$1,504
Mendocino	\$12,030	\$6,015	\$6,015
Merced	\$24,060	\$12,030	\$12,030
Modoc	\$3,008	\$1,504	\$1,504
Mono	\$3,008	\$1,504	\$1,504
Monterey	\$12,030	\$6,015	\$6,015
Napa	\$12,030	\$6,015	\$6,015
Nevada	\$6,016	\$3,008	\$3,008
Orange	\$24,060	\$12,030	\$12,030
Placer	\$12,030	\$6,015	\$6,015
Plumas	\$6,016	\$3,008	\$3,008
Riverside	\$24,060	\$12,030	\$12,030
Sacramento	\$24,060	\$12,030	\$12,030
San Benito	\$6,016	\$3,008	\$3,008
San Bernardino	\$24,060	\$12,030	\$12,030
San Diego	\$24,060	\$12,030	\$12,030
San Francisco	\$24,060	\$12,030	\$12,030
San Joaquin	\$24,060	\$12,030	\$12,030
San Luis Obispo	\$12,030	\$6,015	\$6,015
San Mateo	\$12,030	\$6,015	\$6,015
Santa Barbara	\$12,030	\$6,015	\$6,015
Santa Clara	\$24,060	\$12,030	\$12,030
Santa Cruz	\$12,030	\$6,015	\$6,015
Shasta	\$12,030	\$6,015	\$6,015
Sierra	\$3,008	\$1,504	\$1,504
Siskiyou	\$6,016	\$3,008	\$3,008
Solano	\$12,030	\$6,015	\$6,015
Sonoma	\$24,060	\$12,030	\$12,030
Stanislaus	\$24,060	\$12,030	\$12,030
Sutter	\$6,016	\$3,008	\$3,008
Tehama	\$12,030	\$6,015	\$6,015
Trinity	\$6,016	\$3,008	\$3,008
Tulare	\$24,060	\$12,030	\$12,030
Tuolumne	\$6,016	\$3,008	\$3,008
Ventura	\$24,060	\$12,030	\$12,030
Yolo	\$12,030	\$6,015	\$6,015
Yuba	\$12,030	\$6,015	\$6,015
Total	\$800,000	\$400,000	\$400,000

**Specialty Mental Health Services - Progress Reports
CV-02-05662-AHM
REIMBURSEMENT OF COUNTY EXPENDITURES
Katie A. Subclass**

COUNTY
PERIOD

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Code of Federal Regulations, 7 CFR, Part 3018 and 45 CFR, Part 93, regarding lobbying restrictions, or 45 CFR, part 76, regarding government wide debarment and suspension, and Section 1090 to 1096, inclusive of the Government Code; that the amounts reported herein have been expended and are property chargeable as expenditures for administration of the welfare programs in accordance with all provisions of the Welfare and Institutions Code and rules and regulations of the California Department of Social Services.

Signature of County Welfare Director	Date
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COUNTY AUDITOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Code of Federal Regulations, 7 CFR, Part 3018 and 45 CFR, Part 93, regarding lobbying restrictions, or 45 CFR, Part 76, regarding government wide debarment and suspension, and Sections 1090 to 1096, inclusive of the Government Code; that the expenditures reported herein have been authorized by the welfare director; and that warrants therefore have been issued or expenditures otherwise incurred according to law.

Signature of County Auditor	Date
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