

County: Butte

Date: 9/26/14

May 1st Submission (September 1st through February 28th Reporting Period)

October 1st Submission (March 1st through August 31st Reporting Period)

Name and Contact Information County Child Welfare Department Representative					
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Title:	Administrative Analyst, Sr.				
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Name and Contact Information County Mental Health Department Representative					
Name:	Mark Balen, PhD				
Title:	Quality Assurance Coordinator				
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If your answer below is blank or zero, please provide an explanation.

PART A: Potential Subclass Members Identified During the Reporting Period			
Item #	Information Requested	Column 1 Beneficiary Count	Column 2 Next Steps/Timelines
1	Potential Subclass Members	164	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	60	We will be revising the re-referral process to ensure children who did not meet medical necessity the first time will be reassessed when further information is gained.
3	Potential Subclass Members who have been referred to MHP for a full mental health assessment to determine medical necessity criteria for SMHS, and have not yet been assessed.	12	Both departments are identifying a point person for centralized referral and reporting processes.
4	Potential subclass members who were unknown to the MHP during the reporting period.	55	Enhance training for staff on how to identify children and youth who may need mental health services. Behavioral Health will be training contracted providers on how to identify Katie A. eligible clients.

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If your answer below is blank or zero, please provide an explanation.

PART B: Services Provided to Identified Subclass Members at Any Time During the Reporting Period			
Item #	Information Requested	Column 1 Beneficiary Count	Column 2 Timelines
1	Subclass Members	83	
2	Receiving Intensive Care Coordination (ICC).	40	
3	Receiving Intensive Home Based Services (IHBS).	32	
4	Receiving intensive Specialty Mental Health Services (SMHS) through a Wraparound Program or Full Service Partnership Program consistent with the Core Practice Model (CPM), but not claimed as ICC and IHBS. <i>Do not include youth already counted in 2 or 3 above.</i>	11	
5	Receiving other intensive SMHS, but not receiving ICC or IHBS. Examples of intensive SMHS may include: Therapeutic Behavioral Services (TBS), Intensive Treatment Foster Care (ITFC), or Multidimensional Treatment Foster Care (MTFC). <i>Do not include youth already counted in 2, 3, or 4</i>	3	
6	Receiving mental health services not reported in 2, 3, 4, & 5 above (include children who are receiving mental health services outside of the Medi-Cal mental health system, i.e. services paid for by private insurance or other sources).	29	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	
8	Declined to receive ICC or IHBS.	0	

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If your answer below is blank or zero, please provide an explanation.

PART C: Projected Services			
Item #	Service	Projected number of subclass members to be receiving services by February 28 th	Strategy/Timeline Description
			Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.
1 (a)	ICC	64	Plan to improve processes to streamline referral, assessment, and implementation of Katie A clients. Will continue to train staff to provide appropriate Katie A services (ICC and IHBS) and engage CFT members.
1 (b)	IHBS	54	

Is your county experiencing the following implementation barriers?

Hiring	Yes	
Training	Yes	
Service Availability		No
County Contracting Process		No

Please provide an explanation for any Yes responses above. Are there other barriers not listed above? Explain and add pages, as needed.

BCDBH has several vacancies and is in the process of hiring new staff. BCDBH will train staff upon hire.

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Reporting Period: 3/1/14 – 8/31/14

Date Completed: 9/26/14

Please provide an update to the Readiness Assessment Tool counties completed in May 2013. Describe activities related to each section during the reporting period, including actual or anticipated results. Include activities that support family-centered principals, and promote implementation of the ICC and IHBS using Core Practice Model. Identify activities that occur jointly and those that occur separately by child welfare and mental health agencies. Include information about barriers, as appropriate, and strategies to address them.

For each section, please indicate if training or technical assistance from the state is needed. When indicated, CDSS and DHCS will contact the county child welfare and mental health departments for further information. Please note that training and technical assistance needs will be addressed in a coordinated manner through each county’s child welfare and mental health contacts.

Use additional pages, if necessary.

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Agency Leadership <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<p>#6 increased to level 2. Behavioral Health has family member participation and membership in the Quality Improvement Committee, which meets monthly. #7 remains at level 2. DESS and DBH participate in monthly management meetings to continue to plan for Katie A services. An executive level committee also meets regularly to provide oversight.</p>	<p>N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>#3 remains at level 2. Training for staff regarding Katie A programs and processes occur during program meetings at DESS and DBH. Additional training will be provided for Katie A process and will be completed in the next three months. #4 increased to level 2. Both DBH and DESS have developed Policy and Procedures which are being vetted and reviewed through the process of the monthly management meetings and ongoing meetings with staff. #5 remains at a level 1 and will be addressed as a future goal.</p>	<p>N</p>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>All children in the CW system are referred for MH screening. DESS and DBH continue to work together to improve procedures that make sure all potential Katie A youth are assessed in a timely manner.</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Service Array <i>Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions.</i></p>	<p>#8 remains at level 2. The DBH Cultural Competence Committee has begun to meet and is formulating a work plan. All DBH staff are currently being trained on Trauma Focused CBT and we are developing tools to help staff assess more accurately for trauma. DBH has culturally specific programs available for clients.</p>	<p>N</p>
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>DBH continues to gather consumer feedback through surveys and DESS is in the process of developing a Quality Assurance unit, which will include feedback and the voice of family members. DBH and DESS assess and plan services collaboratively to meet the individual needs of the child and family.</p>	<p>N</p>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>The DBH Cultural Competence Committee continues to meet and is formulating a work plan. They will be provided additional Katie A training and provide feedback for ways to ensure best client care. All children are assessed for culturally specific needs and services are planned accordingly. Services are offered and provided in the family's preferred language. All staff have the opportunity to participate in Cultural Competence trainings and are trained annually in cultural proficiency.</p>	<p>N</p>
<p>Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i></p>	<p>DESS and DBH meet regularly to reconcile data. DESS currently collects, maintains and analyzes Katie A data via a database. DBH is revising EHR data entry to improve accuracy of data reporting. DBH and DESS are collaboratively working on streamlining data collection and reconciliation processes to ensure accuracy of reporting and efficiency of services delivery.</p>	<p>N</p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>There are no current fiscal policies or practices that limit utilization or provision of Katie A services.</p>	<p>N</p>