

County: Contra Costa

Date: 4-28-14

* 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					
Name:	Valerie Earley				
Title:	Director				
Agency Name:	Employment and Human Services				
Address:	30 Douglas Drive				
City:	Martinez	State:	CA	Zip Code:	94533
Phone:	925-313-1583	E-mail:	vearley@ehsd.cccounty.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Vern Wallace, LMFT				
Title:	Children's Mental Health Chief				
Agency Name:	Behavioral Health Services-Mental Health				
Address:	1340 Arnold Drive				
City:	Martinez	State:	CA	Zip Code:	94553
Phone:	925-957-5126	E-mail:	Vern.wallace@hsd.cccounty.us		

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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	481	CFS provided BHS with a list of all Foster Youth in Out-of-Home Care at a 'point-in-time' during the reporting period. The report distinguished the kind of placement and the number of placement changes. BHS cross-checked and added youth receiving some mental health services.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	43	BHS cross-checked that list with youth on the Katie A. log who were assessed and did not meet the subclass criteria
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.	31	BHS tracked the number of youth who were referred but not yet assessed by the end of 2/28/14
4	Potential subclass members who were unknown to the MHP during the reporting period.	103	BHS cross-checked the potential subclass members with their Katie A. log.

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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	220	
2	Receiving Intensive Care Coordination (ICC).	180	
3	Receiving Intensive Home Based Services (IHBS).	17	BHS began contracting with a Community Service Organization to provide IHBS on 2/1/14.
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>	5	
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>	8	
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).	7	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	20	
8	Declined to receive ICC or IHBS.	0	None reported- beginning to track as of 5/1/14

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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 August 31 st	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	300	Contra Costa will identify community providers who currently serve the Katie A. subclass and increase their capacity to provide Intensive Care Coordination beginning 7/1/14
1 (b)	IHBS	175	Currently Intensive Home-Based Services are single sourced. Contra Costa will train community providers who are serving Katie A. subclass to provide IHBS beginning 7/1/14

Is your county experiencing the following implementation barriers?

Hiring	Yes	
Training		No
Service Availability	Yes	
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.

Contra Costa BHS has converted 7 positions to ICC's and hired 4 additional staff (1 assessment only & 3 ICC's). To adequately provide ICC and develop Child & Family Teams, clinician caseloads need to be relatively low (18-20). Our current ICC's are at capacity (most carrying 25+ families). We will begin to use community providers to provide ICC & IHBS.

The State has not allocated enough funding to properly implement Katie A. and to allow the hiring of additional staff or increase provider contracts.

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Reporting Period: 9/1/13-2/28/14

Date Completed: 4/28/14

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>Contra Costa CFS & BHS continue to meet 2 to 4 times a month to discuss issues, set goals, develop strategies and identify benchmarks in order to create a better collaborative system to improve the lives (and outcomes for foster youth) of our children and families. Both CFS & BHS have family members on the Leadership Team to represent the family perspective.</p>	<p>N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Contra Costa CFS & BHS are well versed in family voice and are working to increase youth partnership. We are developing our policies, protocols and procedures to memorialize our shared understanding of our integrated system. The Agency Leadership Team referenced above oversees these efforts.</p>	<p>Y Cross Training Technical Support</p>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>Contra Costa continues to struggle with fiscal issues that interfere with capacity building. Both CFS & BHS have re-defined staff responsibilities and have some new hires to work towards systems change. However, both systems were already at capacity to meet the needs of children and families in the Child Welfare system prior to the onset of <i>Katie A.</i> implementation. ICC’s are developing necessary teaming and facilitation skills, but more work in this area is needed. There is insufficient funding to implement with any kind of fidelity the CFT model, which would require reducing caseloads for our ICCs from 25-30 (or more) to the recommended 10-15.</p>	<p>Y Cross Training Technical Support</p>
<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</i></p>	<p>Through the Mental Health Services Act, BHS has contracted to add new youth & family support (Multidimensional Family Therapy, Multi-systemic Therapy, Triple ‘P’ Parenting, Transition Age Youth Program). Both CFS & BHS are keenly aware of cultural responsiveness and are actively working toward implementing an expanded trauma-informed system as a key component of our</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<i>practices and traditions.</i>	integration.	
Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	Both CFS & BHS have active “Parent Partner” staff at the administrative and line level. CFS is currently creating a position for a Youth Partner. BHS is exploring their options as well. Both are committed to increasing the Youth Voice. We are consulting with the Bay Area Academy & California Youth Connection to identify resources and train staff.	Y
Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i>	Both CFS & BHS make efforts to hire and train culturally diverse staff. Both have ongoing training in cultural humility.	N
Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	We are working on improving data collection procedures and using data to create meaningful reports for tracking purposes. The sharing of information continues to be an issue. We have not yet developed common outcome measures, but have shared goals for family permanency. We’re looking for ideas and resources from the Learning Collaborative, as well as tools from the State.	Y Technical Support
Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i>	We continue to work on developing MOU’s for blended funding. Both CFS & BHS support family-centered practices and continue to fiscally support and develop the “parent partner” and “youth partner” components.	Y Cross Training Technical Support