

County: Humboldt

Date: September 30, 2014

- May 1<sup>st</sup> Submission (September 1<sup>st</sup> through February 28<sup>th</sup> Reporting Period)
- October 1<sup>st</sup> Submission (March 1<sup>st</sup> through August 31<sup>st</sup> Reporting Period)

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Name and Contact Information County Mental Health Department Representative					
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If your answer below is blank or zero, please provide an explanation.

<b>PART A: Potential Subclass Members Identified During the Reporting Period</b>			
<b>Item #</b>	<b>Information Requested</b>	<b>Column 1 Beneficiary Count</b>	<b>Column 2 Next Steps/Timelines</b>
1	Potential Subclass Members	191	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	13	An additional 17 potential subclass members were screened out using the MHST and not assessed.
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.	50	8 Declined 1 served by Juvenile Hall 2 in another county 19 under age 2 6 served by Tribal Mental Health 2 did not respond to call/letter
4	Potential subclass members who were unknown to the MHP during the reporting period.	None	All potential subclass members are screened using the MHST at least annually.

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**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	47	
2	Receiving Intensive Care Coordination (ICC).	33	
3	Receiving Intensive Home Based Services (IHBS).	1	One client receiving IHBS outside of county. The IHBS RFP has been posted and closed. The county is currently selecting a provider(s). The contract process will begin soon.
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>	4	
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>	5	
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).	5	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	

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

8	Declined to receive ICC or IHBS.	3	These clients received other SMHS during the reporting period.
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**PART C: Projected Services**

Item #	Service	Projected number of subclass members to be receiving services by August 31 <sup>st</sup>	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	47	All case managers have been provided training in ICC Coordination. All subclass members will be assigned an ICC Coordinator within 15 days of being identified as a subclass member.
1 (b)	IHBS	15	IHBS will be available within six months.

Is your county experiencing the following implementation barriers?

Hiring	Yes	No
Training	Yes	No
Service Availability	Yes	No
County Contracting Process	Yes	No

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

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

The RFP process for IHBS took much longer than anticipated. The RFP posting is now closed with applications having recently been received. A provider(s) will be selected in October 2014 and the contracting process will commence. It is anticipated that IHBS will be available during the next reporting period.

County: **Humboldt**

Reporting Period: **March 1 – August 31, 2014**

Date Completed: **September 30, 2014**

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><b>Agency Leadership</b>  <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<ul style="list-style-type: none"> <li>• During the reporting period, the Department of Health &amp; Human Services (DHHS) experienced the departure of its Children &amp; Family Services (C&amp;FS) Deputy Director - Mental Health and its Deputy Director - Child Welfare. A new Deputy Director – Child Welfare was appointed in May who has 13+ years of tribal program and community engagement experience including direct service work in native education and program administration including C&amp;FS leadership involvement with the CA Partners for Permanency Project (CAPP) and Children’s System of Care Expansion Grant. The Deputy Director – Mental Health is expected to be selected after a State-wide recruitment effort concludes in October. Until then, the Deputy Director – Child Welfare is overseeing both CW and Children’s MH programs.</li> <li>• DHHS is invested in and has been working toward regionalization of family-centered services within the county. Working collaboratively with stakeholders in the north-bay area of the county, a community partnership effort is underway with the local Family Resource Center to plan for locally chosen and family centered place-based services. Similar efforts are underway in other local communities throughout the county.</li> <li>• During the reporting period, agency leadership adapted and enhanced the Safety Organized Practice (SOP), Wraparound, Children’s System of Care, and Core Practice Model (CPM) values, principles and approaches, including CAPP 23 practice behaviors, to our local needs resulting in the development of the Humboldt Practice Model (HPM) of service delivery. The HPM includes a strong cultural coaching component essential to the development and promotion of a learning environment culture as we work with and learn from our children, youth, families, partners, cultures and communities in further developing family-centered services. Through this work, leadership is planning and working to develop protocols, policies and procedures, and trainings for the agency that folds Wraparound into the HPM.</li> <li>• C&amp;FS leadership continues to participate in the Northern Region Learning Collaborative, most recently attending the Northern Region convening at Davis in July and the State-wide Convening at Sacramento in August.</li> <li>• During the reporting period, a mix of C&amp;FS leadership/management and line staff attended the Partnerships for Well-Being Institute in Anaheim during June.</li> </ul>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p><b>Systems and Interagency Collaboration</b>  <i>How collaborative approaches are used when serving children and families.</i></p>	<ul style="list-style-type: none"> <li>DHHS C&amp;FS has a long history of innovative, integrated programs and interagency collaboration designed to intensely serve foster care and other CW involved children and families. The <i>Child Welfare Behavioral Health</i> unit (CWBH), staffed by a large group of co-located MH clinicians, case managers, and CW social workers, was created eight+ years ago to respond to the need for coordinated and intensive services for children, youth and families involved in or at risk of entering the foster care system. Utilizing a CW administered MH screening tool upon entry into the CW system, the CWBH unit provides a comprehensive MH Assessment, EPSDT services including EBPs, other intensive MH services including TBS, and, joint planning/coordination/collaboration with CW to the entire CW population. With the addition of ICC, IHBS, and the Child-Family Team (CFT) structure, the population is now even more fully served according to DHHS values and principles and current State mandates. C&amp;FS leadership continues to refine and enhance the CFT structure, operationalize practice components, and train staff accordingly.</li> <li>System-wide and community collaboration efforts through the CA Partners for Permanency Project (CAPP) have resulted in the development of the <i>Humboldt Practice Model</i> (HPM) which incorporates Safety Organized Practice (SOP), Wraparound, Children’s System of Care, and Core Practice Model (CPM) values, principles and approaches, which utilizes tribal coaching throughout the system and emphasizes family voice/family choice within the Family Team Meeting structure.</li> <li>During the reporting period, the cross-system Katie A Core Implementation Team continued to meet each month to work on creating a responsive and sustainable service system while working through implementation barriers. Leadership from MH, CW, DHHS and C&amp;FS Administration, Fiscal Services, Outcomes &amp; Evaluation, and Performance Management/Quality Assurance attend regularly. Additionally, MH &amp; CW program managers continued to meet bi-monthly to specifically address best practice issues and any barriers to full CPM and CFT implementation.</li> </ul>	<p>N</p>
<p><b>Systems Capacity</b>  <i>The collective strength of administrative structures, workforce capacity, staff skills &amp; abilities, and operating resources.</i></p>	<ul style="list-style-type: none"> <li>During the reporting period, implementation processes and plans were reviewed which resulted in a change to the way the Child-Family Teams (CFT) will be implemented. CFTs will now be blended with the CW Family Team Meetings that are part of the previously mentioned Humboldt Practice Model (HPM) approach allowing CW Social Workers to utilize their skills as team facilitators. C&amp;FS had previously planned to use ICC Coordinators, who are case managers in our system, as CFT Meeting facilitators. This change will allow ICC Coordinators to focus more intensely on the strategic Targeted Case Management aspects of their role as coordinators.</li> </ul>	<p>N</p>
<p><b>Service Array</b>  <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>	<ul style="list-style-type: none"> <li>During the reporting period, the Request for Proposals for IHBS was completed and posted with the evaluation of proposals occurring during the first week in October. A proposal(s) will be selected, a contract(s) executed, and services will begin during the next reporting period.</li> <li>The Children’s System of Care Expansion Grant, now known as the Humboldt Bridges project, continues to support current evidence based, promising, and innovative practices including the Transition to Independence Model, Adolescent Community Reinforcement Approach, and Wraparound. Other existing EBPs include Functional Family Therapy and Trauma-Focused Cognitive Behavioral Therapy. In collaboration with Katie A and other stakeholders, including tribal communities, a subcommittee has been formed to review trauma screening tools for use across the system.</li> </ul>	<p>N</p>
<p><b>Involvement of Children, Youth &amp; Family</b>  <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<ul style="list-style-type: none"> <li>During the reporting period, the CPM and SOP approaches were combined to create the Humboldt Practice Model (HPM) which combines the family-centered principles and practices of both models as well as the Wraparound model.</li> <li>The Humboldt County Transition-Age Youth Coalition (HCTAYC) and the Youth Advisory Board attended the California MH Advocates for Children &amp; Youth conference in May.</li> </ul>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<ul style="list-style-type: none"> <li>The California Youth Connection (CYC) contract is being renewed.</li> </ul>	
<p><b>Cultural Responsiveness</b>  <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<ul style="list-style-type: none"> <li>During the reporting period, the DHHS MH Branch Cultural Competence Committee completed a cultural competence training manual and tested staff on their knowledge and ability to recognize and sensitively address cultural issues and access appropriate supports.</li> <li>During the reporting period, agency leadership adapted the Safety Organized Practice (SOP) and Core Practice Model (CPM) values, principles and approaches to our local needs resulting in the development of the Humboldt Practice Model (HPM) of service delivery. The HPM includes a strong cultural coaching component essential to the development and promotion of a learning environment culture as we work with and learn from our children, youth, families, partners, cultures and communities in further developing family-centered services.</li> </ul>	N
<p><b>Outcomes and Evaluation</b>  <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i></p>	<ul style="list-style-type: none"> <li>During the reporting period, a third monthly report was added to the existing C&amp;FS monthly reporting of Katie A information and data. The new <i>Katie A Subclass Demographics Report</i> provides basic demographic information including ethnicity and language and will be expanded to include other important cultural information in the future. As mentioned in the previous semi-annual report, the <i>Katie A Monthly Report</i> (which shows the total number of subclass members each month, the number added/subtracted, the number qualifying in each eligibility category, and the number served in each program/unit, as well as other information) and the <i>Katie A Add/End Report</i> (which describes the number meeting/losing eligibility each month including reason sorted by criteria category, the number served in each program/unit as well as other information) continue to be generated in order to improve access and focus resources where needed.</li> <li>The CANS, which has been fully implemented within all C&amp;FS MH programs, will be completed by contract providers at both the start and finish of IHBS services.</li> <li>In addition, Katie A data sharing has been added to the Humboldt County DHHS Trends Report.</li> </ul>	N
<p><b>Fiscal Resources</b>  <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<ul style="list-style-type: none"> <li>During the reporting period, DHHS Fiscal Services was actively involved in locating resources that enabled the progress noted in the above sections of the report. As mentioned in the last report, a Strategic Financing Plan was completed for the Children’s System of Care Expansion Grant in 2013. This plan resulted in the identification of promising avenues for additional maximization of funding including working with local tribes in accessing additional Federal Financial participation resources.</li> </ul>	N