

County: Humboldt

Date: April 30 2014

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

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

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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	<u>168</u>	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	<u>6</u>	
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.	<u>20</u>	<u>Includes clients who declined services, chose a different Mental Health provider (including Tribal providers), did not come to the assessment appointment, or were too young to be assessed.</u>
4	Potential subclass members who were unknown to the MHP during the reporting period.	<u>0</u>	<u>All foster children in Humboldt County are referred to MH for an assessment, although not all follow through.</u>

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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	<u>50</u>	
2	Receiving Intensive Care Coordination (ICC).	<u>28</u>	
3	Receiving Intensive Home Based Services (IHBS).	<u>0</u>	<u>RFP currently under development</u>
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>	<u>7</u>	
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>	<u>5</u>	
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).	<u>10</u>	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	<u>0</u>	
8	Declined to receive ICC or IHBS.	<u>0</u>	

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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	<u>40</u>	<u>Additional Mental Health Case Managers were trained in ICC and will be assigned to subclass members as they are identified. It is anticipated that ICC Coordinators will receive Wraparound training during the next reporting period in order to fully implement CFT facilitation.</u>
1 (b)	IHBS	<u>15</u>	<u>RFP is in development and is anticipated to be released during the next reporting period. A provider will be chosen and contracted as soon as possible.</u>

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.

Training – Wraparound training that was to be provided to ICC Coordinators fell through. Humboldt is currently in negotiations with a new training provider.

Service Availability – Until IHBS contract is completed, it is not available.

County Contracting Process – IHBS RFP has been in development for approximately seven months. The County RFP process was revised during that time, and many changes had to be made to the original RFP. Additionally, because this is a new program, the budget and funding source for the RFP has been difficult to determine.

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Reporting Period: **9/1/13 – 2/28/14**

Date Completed: **4/30/14**

Completion of both the data and narrative portions of this report should not be interpreted as agreement with the State’s position on expanded service obligations or on other fiscal issues.
Humboldt County DHHS does not waive its right to a future Prop 30 claim.

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>During the reporting period, Department of Health & Human Services (DHHS) Children & Family Services (C&FS) Mental Health (MH) and Child Welfare (CW) leadership attended the Annual Children’s Mental Health Research & Policy Conference in Florida where they connected with the National Wraparound Implementation Center (NWIC) which is now being considered as a training resource for Humboldt. The NWIC will be sending a budget proposal by the end of April so it is anticipated that system-wide Wraparound training will occur during the next reporting period. Previous efforts to secure a trainer were unsuccessful. In addition, the MH Program Manager for the Children’s System of Care (SOC) Expansion Grant joined the Learning Collaborative to help align SOC and Katie A thinking and goals, and focus additional efforts on systems changes around trauma informed care. Leaders from MH and CW continue to participate in the Northern Region Learning Collaborative.</p>	<p>N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>During the reporting period, the cross-system Katie A Core Implementation Team continued to meet monthly to work through system and service implementation barriers. MH and CW program managers met specifically to address barriers to full Child-Family Team (CFT) implementation. It is anticipated that full CFT implementation using the Wraparound approach will begin during the next reporting period after additional Wraparound training occurs as described above. Key MH and CW staff received training in Safety Organized Practice (SOP) during the Fall. Remaining staff will receive SOP training in the Spring. A joint DHHS C&FS All Staff Meeting was held in November 2013 to bring all C&FS MH, CW and PH staff of all levels together to discuss integrated services challenges and successes while addressing barriers to communication and collaboration through program and unit specific introductions and problem-solving exercises. A cohort of C&FS MH and CW staff will attend the Partnerships for Well-Being Institute together this coming June.</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>During the reporting period, the vacant MH Quality Improvement Coordinator position was filled which will help focus ongoing efforts on assuring accurate training and documentation of ICC and IHBS services as well as support of other system efforts. As mentioned in the last report, CW social worker recruitment efforts continue with several new staff added, and MH clinician and case management vacancies have been filled as they occur. As mentioned previously, MH case managers trained as ICC Coordinators require Wraparound training in order to facilitate CFT Meetings using that approach as planned. CW staff received training in SOP so are gaining experience as CFT facilitators with more training and related coaching coming. The Request for Proposal (RFP) to provide Intensive Home Based Services (IHBS) is nearing completion and should be posted during the next reporting period.</p>	<p>N</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 practices and traditions.</i></p>	<p>During the reporting period, the Children’s SOC Expansion Grant and CA Partners for Permanency Project (CAPP) have again provided opportunities in this area. Both MH and CW staff have received training from local Tribes and on-going tribal coaching of CW activities continues to take place. Transition to Independence Process (TIP) training was provided to CW, MH, ILS, Transition-Age Youth (TAY) Partner staff and community members during the Fall. TIP helps professionals understand how to more effectively engage with youth and teach tools that will help them into adulthood. The Child & Adolescent Needs & Strengths (CANS) tool was implemented across all C&FS MH programs in February. The CANS will drive treatment planning and communications with the CFTs. Also, Humboldt continues to work with the Chadwick Center as part of the Learning Collaborative on improving the system’s capacity to provide trauma-informed care and methods.</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>During the reporting period, currently established Wraparound services remained in place with plans to expand and train ICC staff to serve the Katie A population as mentioned previously. And, there continues to be family and youth involvement on all Children’s SOC Expansion Grant committees. MH has developed and will provide a three-day family therapy training series in June for all MH clinicians to encourage family involvement in all aspects of services. In addition, DHHS is in the process of contracting for someone to develop a local family advocacy organization. United Advocates for Children & Families (UACF) provided a local training titled <i>Educate, Equip & Support: Building Hope</i>. UACF is also offering local parent support groups. Two youth are representing Humboldt County on the California Youth Engagement Project (YEP). They are working on a project that addresses foster parent recruitment focused on older youth. The Peer Support and Family Peer Support job classifications mentioned in the last semi-annual report have been approved by Merit Systems Services with salaries soon to be set by the County Human Resources department.</p>	<p>N</p>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>During the reporting period, MH and CW continued their interpreter and bilingual staff recruitment efforts. Children’s SOC Expansion Grant efforts also continued with training Latino community members in the MH system to help facilitate engagement and natural support by working with local Promoter, with support from CA Institute for Mental Health and Vision Y Compromosio, and, with DHHS’s long term <i>Grow Our Own</i> campaign to reach out to high school students from many cultures to support their college efforts. DHHS is also partnering with other local organizations that provide parent education to create a coordinated network of information for families about culturally relevant parent education opportunities throughout the county. The SOC team is actively partnering with the Yurok Tribe’s Circles of Care grant team to explore opportunities to improve culturally appropriate services. Yurok Tribe Social Services provided a two-day training on Trauma Informed Screening that was attended by many C&FS staff and community providers. The SOC team has also been building relationships in outlying areas, including tribal lands, to further regionalize access to culturally and community relevant services. CW continues to work with local tribes on the CAPP grant to improve outcomes for Native American</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<p>children in foster care. Planning has taken place to de-brand CAPP and the CAPP Practice Model so that when the grant ends in September 2015, all culturally relevant and appropriate work will continue. DHHS has also been participating in the development of a county-wide Cultural Competence Plan facilitated through First Five Humboldt.</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>As previously mentioned, MH staff were trained in the CANS with implementation occurring in February so preliminary data should be available soon. The Wraparound model will also utilize a set of outcome measures once training occurs. During the reporting period, two new monthly reports were developed to broaden our understanding of the Katie A subclass members. The <i>Katie A Monthly Report</i> describes the total number of subclass members each month, the number added and subtracted, the number qualifying in each eligibility category, and the number served in each program/unit, as well as other information. The <i>Katie A Add/End Report</i> describes the numbers meeting eligibility and losing eligibility each month including the reason sorted by criteria category, and the number served in each program/unit, as well as other information. The information contained in these reports helps to focus training and staffing resources to the right areas.</p>	<p>N</p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>During the reporting period, DHHS Fiscal Services was actively involved in locating resources that enabled the progress noted in all of the above sections of the report. In addition, a thorough Strategic Financing Plan was completed for the Children’s SOC Expansion Grant last year. The most promising avenues for additional maximization of funding lies in working with local tribes to tap additional Federal Financial Participation resources.</p>	<p>N</p>