

County: Inyo

Date: 4-18-14

- 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)

| Name and Contact Information County Child Welfare Department Representative |                                       |         |                          |           |       |
|---|---------------------------------------|---------|--------------------------|-----------|-------|
| Name:   | Holly DeVincent                       |         |                          |           |       |
| Title:  | Social Worker Supervisor              |         |                          |           |       |
| Agency Name:  | Inyo County Child Protective Services |         |                          |           |       |
| Address:  | 162 Grove Street J                    |         |                          |           |       |
| City:   | Bishop                                | State:  | CA                       | Zip Code: | 93514 |
| Phone:  | 760-872-1727                          | E-mail: | hdevincent@inyocounty.us |           |       |

| Name and Contact Information County Mental Health Department Representative |  |         |                          |           |       |
|---|--|---------|--------------------------|-----------|-------|
| Name:   | Pamela Blackwell, LMFT                   |         |                          |           |       |
| Title:  | Program Chief, Child and Family Services |         |                          |           |       |
| Agency Name:  | Inyo County Behavioral Health            |         |                          |           |       |
| Address:  | 162 Grove Street J                       |         |                          |           |       |
| City:   | Bishop                                   | State:  | CA                       | Zip Code: | 93514 |
| Phone:  | 760-873-6533                             | E-mail: | pblackwell@inyocounty.us |           |       |

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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<br/>Beneficiary<br/>Count</b> | <b>Column 2<br/>Next Steps/Timelines</b> |
| 1  | Potential Subclass Members   | 4   |  |
| 2  | Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.  | 0   |  |
| 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. | 0   |  |
| 4  | Potential subclass members who were unknown to the MHP during the reporting period.  | 0   |  |

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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<br/>Beneficiary<br/>Count</b> | <b>Column 2<br/>Next Steps/Timelines</b> |
| 1  | Potential Subclass Members   | 4   |  |
| 2  | Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.  | 0   |  |
| 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. | 0   |  |
| 4  | Potential subclass members who were unknown to the MHP during the reporting period.  | 0   |  |

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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  | 4                          |                                     |
| 2      | Receiving Intensive Care Coordination (ICC).  | 3                          |                                     |
| 3      | Receiving Intensive Home Based Services (IHBS).   | 2                          |                                     |
| 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.<br><i>Do not include youth already counted in 2 or 3 above.</i>                                | 0                          | 1 in Wraparound I.D'd above         |
| 5      | Receiving other intensive SMHS, but not receiving ICC or IHBS.<br><br>Examples of intensive SMHS may include: Therapeutic Behavioral Services (TBS), Intensive Treatment Foster Care (ITFC), or Multidimensional Treatment Foster Care (MTFC).<br><i>Do not include youth already counted in 2, 3, or 4</i> | 1                          | 1 add'l youth id'd above in group h |
| 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).   | 0                          |                                     |
| 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 August 31 <sup>st</sup> | Strategy/Timeline Description   |
| 1 (a)                      | ICC     | 4  | Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members. |
| 1 (b)                      | IHBS    | 1  | There is one additional case that will be provided IHBS in April 2014.  |

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.

Hiring - YES. Child Protective Services has on-going difficulty in recruiting and retaining qualified social workers.

Training - NO.  
 Service Availability - NO  
 County Contracting Process - NO

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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 <sup>st</sup> | Strategy/Timeline Description   |
| 1 (a)                      | ICC     | 4  | Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members. |
| 1 (b)                      | IHBS    | 1  | There is one additional case that will be provided IHBS in April 2014.  |

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.

Hiring - YES. Child Protective Services has on-going difficulty in recruiting and retaining qualified social workers.

Training - NO.

Service Availability - NO

County Contracting Process - NO

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Reporting Period: September 2013 – February 2014

Date Completed: 4-24-2014

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><br/><i>Leadership's experience implementing family-centered services in a collaborative setting.</i></p>                                       | <p>Update: The Mental Health Program Chief and Child Protective Services (CPS) Supervisor attended the Northern California Collaborative meeting on Katie A. services in November, 2013. The CPS Supervisor is new in that position for Inyo County.</p>  | <p>N</p>                       |
| <p><b>Systems and Interagency Collaboration</b><br/><i>How collaborative approaches are used when serving children and families.</i></p>                                   | <p>Ongoing: Both CPS and Mental Health meet weekly in a collaborative meeting; the county continues an every-other week Placement Review Team meeting that incorporates outside agencies into planning for children who may meet Katie A. sub-class. CPS has provided a list of all Katie A. qualified children and the sub-class is identified when these youth are referred to the Placement Team. Both CPS and Mental Health check the master list of Katie A. Class and Sub-class members monthly for any additions or changes. Collaboration is a daily function because CPS, Mental Health and even Wraparound services are co-located.</p>   | <p>N</p>                       |
| <p><b>Systems Capacity</b><br/><i>The collective strength of administrative structures, workforce capacity, staff skills &amp; abilities, and operating resources.</i></p> | <p>Update: The Mental Health Child and Family Team was able to fill a vacancy with a bi-lingual (Spanish) Social Worker, which adds this capacity to the team. Child Protective Services has also hired several new Social Workers, one full-time Native American Social Worker, along with a Human Services Assistant who is bi-lingual Spanish-speaking. CPS also has a new Supervisor.</p> <p>Ongoing: Both division programs (under Behavioral Health Division and Social Services Division) are under the larger umbrella of an integrated Health and Human Services Agency. As such the agency from the HHS Director down ensures that programs are structured to support collaborative work.</p> | <p>N</p>                       |

| Readiness Assessment Section  | Description of Activities  | Training or TA Needed (Y or N) |
|---|--|--------------------------------|
| <p><b>Service Array</b><br/> <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>Update: One of the Katie A. sub-class members is involved in the County's Wraparound Program. The Mental Health Child and Family Program Chief attended the Trauma Informed Cognitive Behavioral Therapy training sponsored by CATT. Additional trauma focused trainings would be helpful for line staff. Inyo County could benefit from awareness of state-wide or out-of-county trainings when they become available.</p>   | <p>Y</p>                       |
| <p><b>Involvement of Children, Youth &amp; Family</b><br/> <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>  | <p>Update and Ongoing: In 3 or the 4 Sub-class cases, the family has had weekly involvement in the services. Wraparound is currently serving one of the families and has weekly, intensive family support to that family. CWS uses "Signs of Safety" methodology to include families in family safety planning.</p>  | <p>N</p>                       |
| <p><b>Cultural Responsiveness</b><br/> <i>Agency ability to work effectively in cross-cultural settings.</i></p>  | <p>Update: CPS now has a full-time Social Worker who is Native American and quite experienced in the local Native American community. Mental Health was able to hire a new full-time bi-lingual (Spanish) therapist to be on the Child and Family Team. There is a Native American liaison from each tribe that attends the Placement Team meetings when sub-class members from that tribe are discussed.</p>  | <p>N</p>                       |
| <p><b>Outcomes and Evaluation</b><br/> <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i></p>   | <p>Update: Inyo County has selected the "Strengths and Difficulties Questionnaire" (SDQ) to use as both a pre-and post- outcome survey for children age 8 and older. The Eyberg Child Behavior Inventory (ECBI) is used in the same way for younger clients 2 through 8 years. CPS is wanting to develop a screening tool for potential class members and would appreciate samples from other counties.</p>  | <p>Y</p>                       |
| <p><b>Fiscal Resources</b><br/> <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>  | <p>Update: Behavioral Health's "Share Care" Electronic Health Record and billing system is tracking all Katie A. member and sub-class members. The specific services, ICC and IHBS, are being billed using this system. CPS reports that the PSSF (Promoting Safe and Stable Families) fund has been instrumental in helping families with transportation needs get to services and visitations.</p> <p>Ongoing: As an HHS Agency, administration looks for ways to collectively fund and track services to maximize effective use of resources.</p> | <p>N</p>                       |