

County: Kern

Date: 4/30/14

- 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	520	<p>KCDHS and KCMH have made significant efforts to identify and assess potential subclass members and make more foster children known to the county MHP. During this evaluation period, KCDHS staffed for potential subclass youth unit by unit. Each unit with ongoing caseloads was required to review their cases to determine if they had a potential subclass member. Staff then completed the referral form used to identify subclass youth and presented their cases to our Wraparound supervisor. If the youth was found to be a potential subclass member, the Wraparound supervisor took the case to our Special Multi-Disciplinary Assessment & Referral Team (SMART) for a final determination. KCDHS, KCMH, Kern County Probation and MH providers all participate in SMART. A total of 300 youth were screened at SMART, and 114 were found not eligible.</p> <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Continue to plan for how to gather data in a way that it can be cross ran in both systems. 2. KCDHS will begin to provide KCMH with a list of potential subclass members at least quarterly.

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<p>2</p>	<p>Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.</p>	<p>33</p>	<p>The numbers of NOA for new youth coming into the system during this time period, there were more than 33 NOA. However, when the DHS List is ran against MH List there is a great difference in data with many of the youth that MH assessed no longer being on the DHS list. (This may be due to DHS dismissing the case) Action Plan: 1. Continue to plan for how to gather data in a way that it can be cross ran in both systems. DHS and MH will meet within the next month to coordinate methods to collect data in a way to be used in cross system analysis.</p>
<p>3</p>	<p>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.</p>	<p>Unknown</p>	<p>In the past, KCDHS has not mandated how staff should document MH screenings or referrals for MH assessments. As such, staff has documented the screenings and referrals in various places within CWS/CMS. We are not able to pull a business objects report to capture the required data. However, following the release of the draft ACL "Recording Mental Health Screening, Referral, And Plan Intervention Information in the Child Welfare Services/Case Management System", staff has been advised to adopt the prescribed documentation method immediately. We fully expect to have data for the next reporting period. Though there is not a comprehensive list of youth that DHS has referred for an assessment, KCMH does maintain a tracking log of all new children that are entering the system.</p>

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			<p>These children are all then linked for screening and assessment. In reviewing tracking log for youth that are coming into the system there are 17 youth (potential class members) in April that have been referred and are waiting for assessment. Effective June 30 2014 DHS will begin take over this task</p> <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Ensure all DHS Staff follow methods outline in ACL "Recording Mental Health Screening, Referral, And Plan Intervention Information in the Child Welfare Services/Case Management System",
4	<p>Potential subclass members who were unknown to the MHP during the reporting period.</p>	117	<p>In reviewing the current list the potential subclass list there are 117 youth of the 520 potential subclass members who do not have a mental health record.</p> <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Continue further review of children who have not been linked to determine if there is an unmet need for these youth.

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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	177	Approximately 27 of the 177 subclass members are in group home settings
2	Receiving Intensive Care Coordination (ICC).	70	Current efforts will be focusing on ensuring that youth who have been approved by the SMART committee as subclass members will be receiving ICC and as needed IHBS in a timely manner. Recent changes to this Committees tracking system has been made in order to ensure that services are rendered in a timely manner. Action Plan: Implement new tracking process
3	Receiving Intensive Home Based Services (IHBS).	11	Same as above
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>	38	
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	68	

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	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	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	Of the youth that have been identified has subclass mental health services are occurring. There is currently not a formalized tracking method for youth that are treated through other programs.
8	Declined to receive ICC or IHBS.	15	

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	50	Action Plan: 1. 5/8/15 Complete con-joint trainings on CPM 2. On a weekly basis continue meet in SMART committee to review and refer of new subclass members. 3. On a monthly basis, Continue system education of processes at Mental Health Provider meeting. 4. DHS and Mental Health to review list of potential subclass members to determine if a referral for subclass is needed. 5. Determine methods for better data collection to ensure ICC occurs in a timely manner
1 (b)	IHBS	10	Same as Above

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

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 - Continued need for training in Trauma focused practices.

Issues in relation to maintaining HIPAA mandates especially in data collection. When providing services to an individual child, Mental Health providers can continue to go through the normal processes of obtaining authorization to release information and can take steps to ensure they are in place. However, when trying to coordinate data it does become much more difficult to verify if releases are in place for 500 plus children. There is a continued need for assistance with this issue at a state level.

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Reporting Period: 9/1/13 – 2/28/14

Date Completed: 3/31/14

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>Department of Human Services, (DHS) Kern County Mental Health, (KCMH) and Mental Health Providers continue to meet at the monthly Foster Care Meeting. This meeting focuses on problem solving systemic barriers and ensuring class and subclass foster youth have access to mental health services.</p>	<p>N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>KCMH and DHS has provided 14 conjoint trainings for DHS and Mental Health providers focused on increasing greater understanding of the core practice model, build collaborative relationships and educating staff about the interactive procedures and the processes Kern County has implemented in order to serve youth that are sub-class members.</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>KCMH has had no new hires but has utilized existing resources to provide these new services. DHS has created a second Wraparound unit to accommodate an increase in children needing specialized services.</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>DHS and KCMH attended the UC Davis Workshop on “Facilitating a Child and Family Team to Support Pathways to Mental Health”. Although Kern has not been able to locate training on trauma informed care that would meet the needs of DHS and KCMH, we plan to pursue the training. DHS began providing training to our Children’s Shelter Care staff in March 2014.</p>	<p>Y</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>Through the identification of youth that meet sub class, DHS and Mental Health have begun to form teams for youth and families. In recent trainings Staff has been provided with information and treatment approaches that can assist them in being inviting to families and assisting families in moving towards recovery.</p>	Y
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>DHS staff completed Family Group Conferencing in November 2013. DHS has surveyed TDM participants and discovered that the majority “strongly agree” that they felt listened to by the group, felt that their participation was valued and that the experience was worthwhile.</p>	Y
<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>Current efforts are focusing on ensuring processes are in place to identify youth that are sub class members, as well as, ensuring access to services in a timely manner. Mental Health has developed some reports that reflects numbers of youth that have received ICC/IHBS and utilizes these reports to monitor services. The barrier for this review period has been capturing data on routine MH screenings and referrals for MH assessments.</p>	Y
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>KCMH and DHS continue to communicate about their respective funding streams. Specifically, Kern has initiated discussions as to how to continue a service provided by MH staff co-located at DHS when funding ends in June 2014. In Addition we have been unable to add staff and the effort of data collection is struggling.</p>	Y