

**County: Kern**

**Date: 9/9/14**

May 1<sup>st</sup> Submission (September 1<sup>st</sup> through February 28<sup>th</sup> Reporting Period)

X October 1<sup>st</sup> Submission (March 1<sup>st</sup> through August 31<sup>st</sup> 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	734	<p>During the last review period, each DHS unit with ongoing caseloads was required to review all open cases for potential subclass youth. As a result, 300 youth were screened through the Special Multi-Disciplinary Assessment and Referral Team (SMART) to determine subclass eligibility. With those efforts completed, the focus for this reporting period has been on identifying new potential subclass members on an ongoing basis. As such, DHS initially established a set day each month whereby social workers could staff potential subclass members with the wraparound supervisor for consideration at SMART. Fortunately, during this review period, DHS was able to designate a second supervisor for wraparound services which has allowed for weekly reviews of potential subclass members. Each week, social workers staff cases with the wraparound supervisors to determine eligibility for subclass youth, wraparound services and/or MTFC.</p> <p>It should be noted that the number of potential subclass members has grown significantly from the last reporting period. This is due to the fact that our initial reports did not consider the broader criteria for placement changes. The reports included only children who had placement changes due to behavioral health needs.</p> <p>As a follow up to the action plan from the May 2014 report, DHS has provided KCMH with a list of potential subclass members twice during this reporting period.</p>

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2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	65	In cross referencing the DHS Potential Subclass Members Report to Mental Health Data, 65 youth did not meet medical necessity.
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.	Unknown	<p>Since the latter part of March 2014, DHS has attempted to follow the documentation methods outlined in the draft ACL "Recording Mental Health Screening, Referral, And Plan Intervention Information in the Child Welfare Services/Case Management System." Between March 2014 and August 2014, staff has documented 76 referrals to MH. Forty one of the 76 youth referred for a MH assessment were potential subclass members. Staff documented that 32 of the referrals were accepted by MH. The referral outcomes are unknown on 9 cases, and the assessment outcomes are not complete. Over the next review period, DHS will make greater efforts to understand the new documentation method and ensure that data is entered more thoroughly.</p> <p>As a follow up to the May 2014 report, effective September 2014, DHS has stationed a social worker at the Jamison Children's Center to track children entering the system. This social worker will assist with screening, assessment and linking children with MH services.</p>
4	Potential subclass members who were unknown to the MHP during the reporting period.	186	<p>In reviewing the potential subclass list there are 186 of the 734 potential subclass members who are unknown to Mental Health. In reviewing this list, approximately 112 of the 186 potential sub class members were under the age of 3.</p> <p>Action Plan:</p> <ol style="list-style-type: none"> <li>1. Continue further review of children who have not been linked to ensure that a Mental Health referral is made on these youth.</li> </ol>

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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	174	
2	Receiving Intensive Care Coordination (ICC).	87	During the reporting period, Kern County has made some changes to our tracking process. We have focused on building infrastructure to ensure that all youth that meet criteria for sub class are referred to the SMART Committee for approval and for monitoring to ensure ICC occurs in a timely manner. Approximately 35 of the 174 subclass members are in group home settings and thus ICC and IHBS can only be provided on a limited basis as youth step down to a lower level of care.
3	Receiving Intensive Home Based Services (IHBS).	12	As Kern County has worked on refining our processes and training, providers have begun to embrace the use of Intensive Care Coordination. Having constructed this foundation, it is expected that providers will now begin to increase Intensive Home Based Services as we continue to implement the Core Practice Model.
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>	28	

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5	<p>Receiving other intensive SMHS, but not receiving ICC or IHBS.</p> <p>Examples of intensive SMHS may include: Therapeutic Behavioral Services (TBS), Intensive Treatment Foster Care (ITFC), or Multidimensional Treatment Foster Care (MTFC).</p> <p><i>Do not include youth already counted in 2, 3, or 4</i></p>	4	
6	<p>Receiving mental health services not reported in 2, 3, 4, &amp; 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).</p>	53	
7	<p>Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).</p>	0	<p>Of the youth that have been identified as subclass members mental health services are occurring. There is currently not a formalized tracking method for youth that are treated through other providers.</p>
8	<p>Declined to receive ICC or IHBS.</p>	4	

**PART C: Projected Services**

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Item #	Service	Projected number of subclass members to be receiving services by February 28 <sup>th</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	95	<p>During this reporting period there has been 53 sub class members referred to SMART. To date 26 of these have begun ICC, with the remainder in process of scheduling CFT meeting. (ICC service). It is projected that we will provide ICC to 95 subclass members</p> <p>Action Plan:</p> <ol style="list-style-type: none"> <li>1. On a weekly basis continue meet in SMART committee to review and refer new subclass members.</li> <li>2. On a monthly basis, Continue system education of processes at Mental Health Provider meeting.</li> <li>3. DHS and Mental Health to review list of potential subclass members to determine if a referral for subclass is needed.</li> </ol>
1 (b)	IHBS	24	<p>Action Plan:</p> <p>During this past reporting period Kern County has focused on developing a system to identify, refer, track sub class members and initiate ICC services. It is expected that during this next 6 months the system will be able to begin to increase numbers of IHBS that are provided to subclass youth. It is projected that we will provide IHBS to 24 sub class members.</p>

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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Training – Some training has been provided concerning Trauma focused practices however, continued education would be beneficial.

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: 3/1/2014 – 8/31/2014

Date Completed: 9/9/14

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)
<b>Agency Leadership</b> <i>Leadership's experience implementing family-centered services in a collaborative setting.</i>	KCMH supervisors attended DHS supervisor meeting to provide information about mental health services available and discuss strategies to link both class and sub-class members to mental health services. 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.	N
<b>Systems and Interagency Collaboration</b> <i>How collaborative approaches are used when serving children and families.</i>	As a result of meeting between Department of Human Services and Mental Health Supervisors, KCMH will be providing training to DHS social workers about how to link and coordinate services with mental health. DHS and KCMH will have two MSW interns who will be trained across systems to provide services to foster youth.	N
<b>Systems Capacity</b> <i>The collective strength of administrative structures, workforce capacity, staff skills &amp; abilities, and operating resources.</i>	KCMH has implemented a youth brief treatment program, that will aid in assessing and treating youth early with the aim of preventing foster youth from further trauma and preventing them from moving into sub class status. DHS has designated staff to work specifically with group home youth to better identify services and supports that will enable the youth to step down to a lower level of care.	N
<b>Service Array</b> <i>Available services are culturally responsive and include trauma informed care, evidence based</i>	KCMH staff attended training on Trauma Focused CBT. DHS staff attended a conference which focused on the Integrative Treatment of Complex Trauma for Adolescents and their families.	Y

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<i>practices, promising practices, innovative practices, and culturally specific healing practices and traditions.</i>		
<b>Involvement of Children, Youth &amp; Family</b> <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	DHS distributes a quarterly newsletter that provides information on resources that are available for families. Mental Health staff are invited by DHS to participate in Team Decision Meetings. DHS staff from the licensing/relative assessment unit attended a wraparound training. DHS has increased efforts to place children with relatives and NREFMs. Often, these caregivers are hesitant to accept additional mental health services. The hope is that staff in these areas will be better acquainted with this resource and will be able to introduce the topic during the licensing/assessment process.	N
<b>Cultural Responsiveness</b> <i>Agency ability to work effectively in cross-cultural settings.</i>	Youth Brief Invention program has been implemented in outlying areas where there are high levels of Spanish speaking population. Often there are cultural issues that make engaging these families in treatment more challenging. It is hoped that by focusing resources on these underserved areas that new strategies can be used to outreach to this population and ensure that subclass members are provided with needed treatment.	N
<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>	At Monthly Providers meeting, training continues on how to gather and input information so that reports can be developed that will help guide continued implementation of Core Practice Model. In addition, improvements have been made to how the SMART Committee tracks sub class members. KCMH also has implemented some rating scales at assessment and discharge to evaluate outcomes of treatment. There still continues to be limited staff time to further strengthen data collection and evaluation. DHS continues to emphasize the importance of teaming and has been tracking outcomes for placement changes following Team Decision Meetings. A recent report showed that placement decisions made at TDMs resulted in 59% of the youth moving to lower levels of care	Y
<b>Fiscal Resources</b> <i>How fiscal policies, practices, and expertise support family-centered services.</i>	PEI funding that allowed KCMH to identify and refer youth for screening/assessment has now ended. KCMH and DHS are working on new processes to help ensure that all youth are referred for screening/assessment at the time that youth enters into protective care. DHS is exploring the possibility of requesting additional staff that can specialize in serving Katie A youth.	N