

County: Napa

Date: May 1, 2014

- ✓ May 1st Submission (September 1st through February 28th Reporting Period)
- October 1st Submission (March 1st through August 31st Reporting Period)

Name and Contact Information County Child Welfare Department Representative					
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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.

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	187	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	19	
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	All of the children who have been screened and referred to MHP have been assessed for medical necessity
4	Potential subclass members who were unknown to the MHP during the reporting period.	0	All children that come into care receive a screener by our MHP (embedded person), thereby potential subclass members would be known to the MHP.

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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	108	This includes CPS and JV Probation minors for Napa County
2	Receiving Intensive Care Coordination (ICC).	0	Although mechanisms for tracking services have recently been established in the electronic health record, the plan is delayed to provide this service pending hiring of mental health staff in the Katie A. unit. It is anticipated that the beginning of service delivery for ICC will be no later than August 1, 2014. Board of supervisor's approval to hire and recruit for these positions has been approved.
3	Receiving Intensive Home Based Services (IHBS).	0	Although mechanisms for tracking services have recently been established in the electronic health record, the plan is delayed to provide this service pending hiring of mental health staff in the Katie A. unit. It is anticipated that the beginning of service delivery for IHBS will be no later than August 1, 2014. Board of supervisor's approval to hire and recruit for these positions has been approved.
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>	13	
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>	78	
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).	17	

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

7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	All subclass members are receiving SMHS.
8	Declined to receive ICC or IHBS.	0	Services not offered pending staffing of Katie A. unit

PART C: Projected Services

Item #	Service	Projected number of subclass members to be receiving services by August 31 st	Strategy/Timeline Description
1 (a)	ICC		Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.
1 (b)	IHBS		

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.

Our barrier to implementation ICC and IHBS has been the infrastructure to support the programs. We have made a conscious decision to delay implementation until we have hired new staff and make a seamless coordinated service. For those children that meet medical necessity they are being provided the appropriate mental health services. Our Human Resource package was approved by the BOS April 15, 2014. We anticipate hiring the Supervisor for the team and being operational by June 20, 2014.

The Mental Health Director, Chief Probation Officer and Child Welfare Director continue to support this approach of hiring a dedicated team to fully implement, and will continue our collaborative effort to expedite the implementation of our dedicated team.

County: Napa Reporting Period: 9/1/2013 – 2/28/2014 Date Completed: May 1, 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>Agency Leadership</p> <p><i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<p>As was reported at the time of completing our last Readiness Assessment progress report, the Oversight Committee (Director and Manager level) reduced its’ meetings commencing in October from bi-monthly to monthly. The Steering Committee (Manager, Supervisor, and Staff) began to meet twice a month. It was determined that this structure was not an effective use of the team’s time as key decisions still needed to be made and the right people were not at the table. As a result the Oversight Committee has been expanded to include key Steering Committee members, ensuring that systemic, practice and implementation discussions and decisions can be made at the meeting. These meetings are occurring monthly. When the Well-Being (Katie A) Unit supervisor is hired it is anticipated that the Steering Committee will be reformed.</p> <p>A smaller work group of Child Welfare, Mental Health, and Probation has been established to explicitly identify class and sub-class members, continually improve the referral forms and policies and procedures.</p> <p>Napa continues to have a very collaborative setting for implementing family-centered services with Mental Health, Child Welfare and Probation participating. We have also recently included a Bay Area Academy representative. Our meetings are facilitated by an independent Consultant.</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Systems and Interagency Collaboration</p> <p><i>How collaborative approaches are used when serving children and families.</i></p>	<p>The Oversight Committee is currently working on a Memorandum of Understanding between Mental Health, Child Welfare, and Probation centered on staffing and supervision of the Well-being Initiative (Katie A) unit and the logistics of where they will operate.</p> <p>Barriers as noted in our last Readiness Assessment continue to be consent and confidentiality, and a process established to share and receive feedback at the practice, program, and system levels in order to solve problems and enhance success.</p>	<p>Y (As previously requested)</p> <p>Examples from other counties highlighting best practices regarding consent, confidentiality, and information sharing documents that have been used between Child Welfare, Mental Health Juvenile Probation, and the child's placement</p> <p>Examples of satisfaction surveys that could be utilized and a mechanism identified for a clear feedback loop.</p>
<p>Systems Capacity</p> <p><i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>Our system does not currently have the capacity to expand to the implementation of ICC and IHBS. We have been working for the last six months on securing a supervisor for the Well-Being (Katie A.) unit. This has required extensive collaboration and work to secure approval.</p> <p>We have the workforce capacity to provide screening for every child, assessments when indicated, and mental health services. We have two comprehensive Wrap around programs and therapeutic services.</p>	<p>Y</p> <p>Technical assistance on implementation ICC and IHBS when we have the infrastructure in place to implement</p>
<p>Service Array</p> <p><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>We continue to strive to make all decisions in a culturally aware manner to identify the best approach for the family. This is a continuous workforce education and development process.</p> <p>We have included our training partner the Bay Area Academy to help us develop a training plan when the Supervisor is hired. We think it is essential that the training be delivered in a collaborative manner between Mental Health, Child Welfare, and Probation.</p> <p>An indicator of our collaboration is that each agency is sending a staff person to attend the Chadwick Training for Trainers on Trauma Informed Care. It is intended that the participants will co-train when they return.</p>	<p>Cultural Awareness Training</p> <p>Trauma Informed Care Training</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>As indicated in our last Readiness Assessment we have a very robust program called V.O.I.C.E.S for the engagement of our foster youth, and some parent groups. What is lacking is an ongoing community stakeholder feedback <u>loop</u> regarding mental health services. Youth expressed the desire to have a mental health clinician establish "office hours" at V.O.I.C.E.S. We are committed to examining the use of Interagency committees and look at existing mental health forums to develop a comprehensive plan for inclusion. This planning will be completed by the Well-Being Supervisor.</p>	<p>N</p>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>We make a conscientious effort to be culturally responsive, which is evidenced by our recruitment and retention of bi-lingual staff and a focus on our diverse community. As noted above in the Service Array section, we see cultural awareness being a continuous workforce education and development process.</p>	<p>N</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>We have revised our initial data collection tool to be more responsive to the data that we need to collect. We are constantly making sure we have identified sub-class members. We have asked our County Outcomes and Evaluation expert to join the Oversight Committee to ensure that we are tracking and measuring the right data.</p>	<p>N</p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>Our departments and Board of Supervisors are very supportive of the implementation of Katie A. to ensure family-centered services, as evidenced by the approval of the BOS approving the position on 4/15/2014. The fiscal department has worked closely with us to identify funding for additional staff.</p>	<p>N</p>