

County: Napa

Date: Oct 1, 2014

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

X 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					
Name:	Jim Featherstone, LCSW				
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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	108	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	3	
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.	11	We are in communication with CWS and Mental Health Access to review our process of screening, referral and intake to address significant delays.
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	76	This includes CWS 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 January 1, 2015.
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 begin providing this service on approval of our contract amendment for a current provider. It is anticipated that the beginning of service delivery for IHBS will be no later than January 1, 2015.
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>	14	
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>	62	
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	We are currently working on developing a system for tracking services with outside providers.
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	We are currently working on developing a system for tracking services with outside providers.

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

8	Declined to receive ICC or IHBS.	0	Services not offered pending staffing of Katie A. unit
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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	0	We are beginning a small pilot for these services and expect to be fully functional by January 1 2015. A supervisor for the unit is in place. Additional staff will be hired from a current list that has just been developed and scored.
1 (b)	IHBS	0	A current contract with an existing provider is being amended. We anticipate this service as early as November 2014 but any delay will not go past January 1 2015.

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. We initially delayed our implementation pending new staff. But we have now decided to continue implementation of our Kate A structure with existing resources.

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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 For those children that meet medical necessity they are being provided the appropriate mental health services. The Supervisor for the team has been hired and a list has been approved and scored for the remaining staff. Interviews for these remaining position will occur in October, 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: 3/1/2014 to 8/31/2014 Date Completed: 9/28/ 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, Supervisors, and line staff from CWS, MH and Probation) began to meet each week. The Steering Committee members now ensure that systemic, practice and implementation discussions and decisions can be made at the meeting. 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 continue to participate with Bay Area Academy. Our meetings are facilitated by the new Well Being (Katie A) supervisor Colleen Paul who has assistance from an HHSA consultant retained by the Agency Director.</p>	<p>Napa is working with the Bay Area Academy for training purposes and will also be joining the local learning collaborative at their next meeting in Dec 2014.</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 New Mental Health Director has recently begun meetings with the Child Welfare leadership team centered on staffing and supervision of the Well-being Initiative (Katie A) unit and the logistics of where they will operate.</p> <p>We are working through 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>We believe agreeing to one format for privacy releases will best promote a more expedient referral and care coordination. We have examples from our primary care coordination project which should prove useful.</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 will expand to the implementation of ICC and IHBS by January of 2015. We currently are ranking list for 1.5 mental health counselors to add to our Well-being Initiative.</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>We are working on a methodology to utilize CWS, Mental Health and Probation trained facilitators. At this point we plan to practice with a few facilitators to determine if a shared schedule will work with our partners.</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. We think it is essential that the training be delivered in a collaborative manner between Mental Health, Child Welfare, and Probation.</p> <p>The Well-being initiative (Katie A) supervisor, Colleen Paul, participated in Safety Organized Practice training in collaboration with CWS. Colleen will also be presenting in collaboration with CWS at a quarterly community training about Katie A services, etc. MH supervisors will be providing all children’s mental health staff with training on Katie A services and the Core Practice Model.</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>Napa Children’s Mental Health currently views engagement of family and youth as part of our overall philosophy of service provision to children and families. We have two wrap around programs in place with family and youth engagement as a primary practice. Mental Health is providing training to all children’s mental health staff on engagement of family and youth and on the core practice model for Katie A. We have several staff trained in Infant Parent Mental Health, a practice and philosophy that also centers on family involvement and participation. We will be beginning to form Child Family Teams with a small number of cases prior to our ultimate target date of January 2015.</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. We currently have two programs that were developed to provide services to the underserved and not served populations due to financial or societal barriers to services identified in our county.</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.</p> <p>We are working with our technology support team to insure the mental health electronic record collect the data we need in one location.</p> <p>The Well-being initiative (Katie A) will be using the Children’s Mental Health process already in place for gathering data on a regular basis on progress and outcomes of services, and this information will be used to improve the program/services as indicated.</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Fiscal Resources</p> <p><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. We will continue to analyze our needs as children and families are adding to our treatment case loads.</p>	<p>N</p>