

County: Orange

Date: 4/30/14

- 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					
Name:	Hellen Howe				
Title:	Administrative Manager II				
Agency Name:	Orange County Social Service Agency/Children & Family Services				
Address:	800 N. Eckhoff				
City:	Orange	State:	CA	Zip Code:	92868
Phone:	(714) 704-8312	E-mail:	Hellen.Howe@ssa.ocgov.com		

Name and Contact Information County Mental Health Department Representative					
Name:	Marcy Garfias				
Title:	Administrative Manager II				
Agency Name:	Orange County Health Care Agency				
Address:	405 W. 5 th Street, STE. 590				
City:	Santa Ana	State:	CA	Zip Code:	92701
Phone:	714-834-3543	E-mail:	mgarfias@ochca.com		

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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	1111	CW is conducting an initial screening of all new cases and subsequent screenings at six month intervals for ongoing CW cases. The “potential subclass member” number for this reporting period was determined by CW using the criteria in ACL 14-29.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	116	
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.	Due to the notification of data collection criteria changing after the data gathering period, this data element could not be completed for this reporting deadline.	For future reports, CW plans to send monthly reports to MHP listing those youth referred for assessment. MHP plans to compare CW list with electronic health records. MHP plans to send a response back to CW indicating whether a case was opened for assessment or not assessed indicating the reason.
4	Potential subclass members who were unknown to the MHP during the reporting period.	355	This number may include some duplicate youths that were either: screened and determined no further assessment needed; already received mental health assessment through private insurance or non Medi-Cal billing provider; or were determined to no longer meet subclass criteria.

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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	690	
2	Receiving Intensive Care Coordination (ICC).	259	
3	Receiving Intensive Home Based Services (IHBS).	74	
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>	27	
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).	413	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	Every identified subclass member is receiving some form of SMHS.
8	Declined to receive ICC or IHBS.	0	No subclass members declined ICC or IHBS

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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 st	Strategy/Timeline Description
1 (a)	ICC	350	1.MHP electronic billing system reports will be run on a monthly basis to determine number of subclass clients that are receiving ICC and providers will be provided on-going monitoring, feedback, and training related to the use of ICC. 2. In addition to the data provided in this enclosure by the MH electronic health record, Orange County has begun utilizing Special Project Codes in CWS/CMS to assist with tracking and progress reporting on youth screened, assessed, identified in the subclass and receiving mental health services. Several sources are being explored to assure the most efficient and accurate data entry method for updating all existing and new subclass cases with these special project codes.
1 (b)	IHBS	100	MHP electronic billing system reports will be run on a monthly basis to determine number of subclass clients that are receiving IHBS and providers will be provided on-going monitoring, feedback, and training related to the use of 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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Orange County has good behavioral health service availability with the exception of IHBS. Subclass youth who are enrolled in Wraparound are receiving IHBS; however, availability of staff to deliver these services in outpatient County and Contract MHP clinics is limited. Barrier to implementation is funding to hire staff in these clinics to provide IHBS. Additional youth and parent partner positions, with accompanying funding, will be needed to supply the level of IHBS in Contract and County clinics that is now being provided in Wraparound programs. There are currently adequate TBS providers through the MHP to address the need for TBS. Many subclass youth are receiving ICC and TBS. So total number of subclass youth receiving ICC and intensive home based services in the form of TBS is not clearly reflected in the report above due to the directions to report only the TBS provided to the subclass who are not also receiving ICC.

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Reporting Period: September 1, 2013 to February 28th, 2014

Date Completed: 4/30/2014

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 <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<p><i>CW and MH continue to develop and partner to meet the needs of Orange County youth and families. We have many existing collaborative meetings and are continuing to explore ways to identify and meet the needs of families. These meetings include, but are not limited to the following: Orange County Children’s Partnership, Orange County Child Welfare Redesign Planning Council, Orange County Trauma Informed Practice Steering Committee, MHSA Steering Committee, HCA and SSA Quarterly meetings, Quality Assurance oversight and audits, MTFC Steering Committee, Wraparound Oversight Group, Wraparound Review and Intake Team, Parent Leadership, Orientations and Mentors, Foster Youth Outcomes, Education Equals Partnership, Eliminating Racial Disparity and Disproportionality, Acceptance through Compassionate Care, Empowerment and Positive Transformation, and Quality Parenting Initiative. Since the readiness assessment we have added on-going collaborative Katie A planning and implementation meetings.</i></p>	<p>N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p><i>We have developed MOU’s between CW and MH as well as obtained Miscellaneous Orders from our Juvenile Court to assist in streamlining communication, the sharing of information, and the facilitation of case related communication. CW and MH have co-located staff. We have identified a method for sharing Katie A data.</i></p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p><i>We continue to project an increase in class and subclass youth; however, we believe we have adequate resources to meet the needs of existing and projected populations at this time. Youth enrolled in Wraparound are receiving IHBS, but ability to deliver this service in the MHP County and Contract clinics is limited due to the insufficient number of youth and parent partners to deliver IHBS. Funding is lacking at this time to increase staffing of youth and parent partners in these clinics.</i></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><i>Available services are culturally responsive and staffs are regularly trained related to cultural competency across both agencies. We have a CW/MH/Community Stakeholders trauma informed systems collaborative and are one of the super communities working with the Chadwick Center as part of a SAMHSA grant. Our mental health providers have been trained and are using several EBPs including TF-CBT, MTFC, PCIT, and FFT. CW is in the process of receiving the CW Trauma Training Toolkit developed by the NTSN. MH and CW have implemented a robust Wraparound program.</i></p>	<p>N</p>
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p><i>For over a decade all of our systems have been implementing the values of the core practice model as part of our implementation of Wraparound and Family to Family models of care.</i></p>	<p>N</p>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p><i>Both MH and CW have bi-lingual and bi-cultural staff and regularly train staff on cross cultural issues.</i></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><i>The Wraparound and MTFC programs capture outcome data. CW tracks out outcomes as part of the Child Welfare Redesign and self-assessment process. Mental Health is currently in the process of exploring methods to track outcome data. CW and MH continue to explore ways to improve data matching of information for outcome tracking and preparation of Katie A. Progress Report documents. The current process is very workload intensive. Additional staffing and fiscal resources are being explored to address these challenges.</i></p>	<p>Y</p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p><i>Our County collaborates on a number of fiscal strategies and braided funding strategies when possible, to support family centered services. Additional staffing and fiscal resources are being explored to enhance implementation of the Core Practice Model, data tracking and service delivery related workloads.</i></p>	<p>N</p>