

County: Placer

Date: October 1, 2014

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

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 <b>newly Identified in this Period</b>	85	This number includes 59 newly placed dependents, as well as 26 youth not identified in prior Katie A reports.
2	<b>Potential</b> Subclass Members Assessed but not meeting medical necessity criteria.	3	N/A
3	Potential Subclass Members referred but not Assessed.	12	This number is comprised of children who exited the CWS system, or for whom parents obtained services through other sources, or for whom CSOC is still seeking to obtain legal consent to treat.
4	<b>Estimated</b> potential subclass members who were unidentifiable to the MHP <b>during the reporting period.</b>	1	The county placed 35 youth in foster or group homes out of county. 34 of these youth were screened.

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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	New Subclass Members <i>identified during this reporting period.</i>	21	N/A
2	Receiving Intensive Care Coordination (ICC).	14	N/A
3	Receiving Intensive Home Based Services (IHBS).	7	N/A
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>	12	N/A
5	Number youth receiving other intensive SMHS, but not receiving ICC or IHBS, in this period.  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>	38	The county does not currently offer ITFC or MTFC.

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**Enclosure 1**

	<b>Estimated</b> youth Receiving mental health services not reported 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).	45	This estimate is based on limited county capacity to identify whether or not youth placed in OOC group homes are receiving all services, and on assumption that some youth are in other(Non Medi Cal) county funded services.
7	Estimated Subclass members not receiving mental health services.	10	Total subclass identified members, less those receiving MH services.
8	Declined to receive ICC or IHBS.	0	N/A

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

<b>PART C: Projected Services</b>			
<b>Item #</b>	<b>Service</b>	<b>Projected number of subclass members to be receiving services by August 31<sup>st</sup></b>	<b>Strategy/Timeline Description</b>
			Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.
1 (a)	ICC	10	Placer will use existing screening, assessment and referral protocols to assure timely access and care delivery.
1 (b)	IHBS	5	Placer will use existing screening, assessment and referral protocols to assure timely access and care delivery.

**Is your county experiencing the following implementation barriers?**

Hiring		No
Training		No
Service Availability	Yes	
County Contracting Process		No

Please provide an explanation for any Yes responses above. Are there other barriers not listed above? Explain and add pages, as needed.

**Service Availability:** Placer seeks to assure that screening, assessment and treatment are delivered to youth placed out of county. However, county or contracted local agency staff are frequently unable to provide in-depth assessments or intensive services, in part due to capacity or case management challenges in the “host county”.

**Other Barriers:** Consent for Treatment remains a challenge in some cases, particularly for children under aged 12 years. Placer’s County Counsel has provided guidance in regard to legal requirements around consent for mental health care delivery. Placer’s current position is that the social worker or caretaker may not provide consent to treat for mental health care; that those rights are retained by the parent who retains parental rights. CSOC clinicians are making multiple appointments with parents in order to obtain signatures on the “consent to treat” documentation, sometimes with little success. When this occurs, the Child Welfare staff must petition the court separately.

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Reporting Period: 9/1/13-2/28/14

Date Completed: October 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?
<p><b>Agency Leadership</b> <i>Leadership's experience implementing family - centered services in a collaborative setting .</i></p>	<p><i>CW and MH leadership have an articulated strategy for collaborating across systems to ensure family-centered practices have system-wide support.</i></p> <p><b>UPDATE 10/14: Previous Readiness Assessment rating (3). There are no separate CWS and MH operations in Placer. As a single agency, all child welfare and mental health services are collaboratively planned and delivered by HHS staff assigned to the CSOC.</b></p> <p><i>CW and MH leadership create and support opportunities for collaborative projects between agencies.</i></p> <p><b>UPDATE 10/14: No additional updates for this reporting period. Placer's fully integrated, collaborative and collocated structure remains in place.</b></p> <p><i>CW and MH leaders have a shared vision of family-centered care.</i></p> <p><b>UPDATE 10/14: No additional updates for this reporting period. Family and Youth advocates remain co located and fully involved in direct service and management level decision making.</b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

*CW and MH leaders share responsibility and accountability for implementing timely services. (Timely is defined according to local practices).*

**UPDATE 10/14: Placer CSOC continues system collaboration and improvement efforts to provide timely services, including a shared commitment to mitigate “consent to treat” issues and related documentation for the court. We remain optimistic that the state or region may address out of county protocols to help counties solve this issue.**

*Forums exist for information sharing and cross-system problem solving that include families and other community partners.*

**UPDATE 10/14: No additional updates for this reporting period. Family and Youth Advocates, as well as leaders from other constituents such as Native and Latino communities, continue to be central to CSOC’s dynamic management team and provide input into planning, policy development and other leadership efforts.**

*Families and other community members have a meaningful role in oversight of services and quality improvement activities.*

**UPDATE 10/14: No additional updates for this reporting period. (See above)**

*Interagency and Community Committees are in place to ensure policies and practices are consistent with family-centered principles of care.*

**UPDATE 10/14 (See above)**

*CW and MH leaders regularly discuss issues affecting access to services.*

**UPDATE 10/14: Placer’s integrated system facilitates a most consistent interaction between leaders of various system components at all levels of the system.**

*CW and MH leaders regularly discuss issues affecting quality of services.*

**UPDATE 10/14: (See above) CSOC reviews reports and satisfaction surveys from the state derived Consumer Perception Surveys, and an additional county administered satisfaction survey conducted in English and Spanish with all narrative notes captured for more qualitative information. We also use evidenced based practices and routinely discuss the results from Functional Family Therapy, Incredible Years, Structured Decision Making, Family Team Meetings, etc. Additionally, Placer recently queried consumers to verify Mental Health service provision records, inviting them to contact county with questions or concerns. These results are pending.**

**Systems and Interagency  
Collaboration**

*How collaborative approaches are used when serving children and families.*

*Collaboration is supported through formal agreements, such as memorandums of understanding, joint training plans, or interagency strategic plans that articulate strategies and mechanisms for meeting the needs of children and families.*

Yes  No

**UPDATE 10/14: Previous Readiness Assessment (3). 25 year old MOU renewed in 2014.**

*Agencies have a shared approach to addressing issues related to consent and confidentiality.*

**UPDATE 10/14: (3) System of Care (Single Integrated Agency Model) makes this question unnecessary in Placer.**

*Agencies provide opportunities for joint training to staff and families.*

**UPDATE 10/14: (3) A single integrated Training Plan is used. All training can be and are offered jointly with both perspectives given.**

*Agencies have an established process for reviewing, changing, and implementing policies and procedures that support family-centered practices.*

**UPDATE 10/14: (3) See prior reports.**

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**Enclosure 2**

*Agencies have structures and processes in place that support collaboration with other organizations that are interested in children's issues such as, primary care, schools, libraries, local parks and recreation, or others.*

**UPDATE 10/14: (2) While the Placer Model has many partners, parks and recreation and libraries are not typically involved. CSOC co-hosts a county wide collaborative engagement with many community partners and consumers who work together to enhance and improve Mental Health service in Placer.**

*Agencies have co-located office space or staff.*

**UPDATE 10/14: (3) CWS, MH, Probation officers, Public Health Foster Care Nurses, Foster Youth Education staff, Family and Youth Advocates, ILP Service Providers and other CBO Partners, etc. are all co-located in our Children's System of Care locations.**

*Agencies have information systems that support sharing of child welfare and mental health data.*

**UPDATE 10/14: (3) Single agency model facilitates much sharing of clinical information for subclass members.**

*Processes are in place to share and receive feedback at the practice, program, and system levels in order to solve problems and enhance success.*

**UPDATE 10/14: (3) Fully implemented System of Care allows for transparent and timely practice, system and program feedback as needed.**

**Systems Capacity**

*The collective strength of administrative structures, work force capacity, staff skills & abilities, and operating resources.*

*Children and youth in the CW system are screened for possible mental health needs.*

**UPDATE 10/14: (2) See page 3 and 4 of this report**

Yes  No

*Children and youth in the CW system who are referred to mental health receive a timely full mental health assessment. Timely is defined according to local practices.*

**UPDATE 10/14: Assessments are being conducted and timely referrals are made to the mental health team within the system of care or to its network providers. See pages 3 and 4 for information related to out of county challenges.**

*Policies in place support an effective referral process and linkage to services in multiple systems.*

**UPDATE 10/14: Policies in place provide guidance for staff to assure referral and linkage.**

*There are effective processes and sufficient supports in place to recruit, hire, and train personnel. Factors may include timeliness to hire, expertise of human resources staff, written training materials.*

**UPDATE 10/14: Placer CSOC has hired adequate clinical and support persons to assure services are delivered. County BOS recently authorized additional hires in this area, based on projected needs.**

*Staff receive ongoing training, and are mentored and coached by experienced managers to ensure staff maintain high quality skills and abilities.*

**UPDATE 10/14: No updates in this area.** *Agencies utilize partnerships with other public agencies and community-based organizations to ensure that children and families can access a variety of services and supports in multiple settings.*

**UPDATE 10/14: This was, and continues to be a strength area for our system of care. Our core collaboration and system of care assumes no wrong door and services from all sectors being added to families as the need becomes evident. A number of agencies are co-located or adjacent to CSOC functions. CSOC is also a division within an HHS superagency structure, allowing rapid problem solving and solution finding.**

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*Agencies engage the local community through activities that may include partnering with community-based organizations and hosting public meetings or community forums.*

**UPDATE 10/14: Placer County has a number of venues, many of which are led by CSOC personnel, which engage a broad array of stakeholders.**

*There is a sufficient child welfare workforce in place.*

**UPDATE 10/14: Placer County has successfully recruited and hired 6 child welfare practitioners, which represents a restoration of 11% of the pre-recession workforce. Four additional Child Welfare Practitioners in fiscal year 14/15 are approved and in recruitment.**

*There is an adequate network of qualified mental health service providers available.*

**UPDATE 10/14: There are approximately 70 Network Providers consisting of LCSWs, MFTs, Psychologists, and MDs who report around 20 to 25 openings each month. These providers are adequate at times for the number of clients, but we continue to struggle to keep bilingual providers who move out of the area or become routinely full, and providers who are willing to work in the Tahoe area. Active recruitment efforts continue.**

*Administrative processes and organizational infrastructure are sufficient to meet business and procurement needs.*

**UPDATE 10/14: Adequate human capital is present.**

**Service Array**

*Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions.*

*Children and families are assessed for immediate safety, stabilization, and crisis support needs.*

Yes  No

**UPDATE 10/14: This remains a strength of Placer's approach. No additional updates for this reporting period.**

*Services are tailored to meet specific, individual needs and build on*

*individual strengths.*

**UPDATE 10/14:** This is always a goal of our system which we derive through family team meetings in child welfare, strengths assessments through the wraparound process, and plan to do more of through dependency mental health.

*Services are community-based, delivered in the least restrictive environment, and in the child and family's own language.*

**UPDATE 10/14:** While Placer has experienced a marked increase since 2012 in CWS demand overall, out of placement and group home placements have not risen measurably. The county has just renewed or initiated contracts with 18 community based providers to deliver early intervention and preventive services to youth and families.

*Available services support transitions to the community, independence, and the adult system of care.*

**UPDATE 10/14:** No updates in this period. TAY and THP Plus services continue in Placer.

*Available services include the use of evidence-based practices.*

**UPDATE 10/14:** Placer has a number of evidenced based or promising practices in the service array including Incredible Years, Functional Family Therapy, Wraparound, and others.

*Families have access to services that focus on prevention and early intervention.*

**UPDATE 10/14:** Placer County has a robust network of providers, community agencies, faith based organizations, other governmental agencies, and others who deliver prevention and early intervention services through PEI funding. Please see the public MHSA Annual Reports for details on the myriad services and programs offered. In addition, educationally based prevention services such as Positive Behavioral Services and Supports (PBIS), and early intervention Wraparound services are implemented by our education partners in

many of the school districts in Placer County.

*Services are sufficient to meet the mental health needs of the community.*

**UPDATE 10/14:** This continues to be an area of focus during this past reporting period due to the Healthy Families transition to medi-cal in November of 2013, and the transition of Placer County physical health and non-specialty mental health services from fee for service to two managed care companies. Neither of the managed care companies were prepared, nor did the law dictate, that they provide non-specialty mental health services as of November, 2013 when the transition occurred. Accordingly, Placer County MHP was left to bridge the gap until January 1, 2014 when the law changed to require the managed care companies to provide non-specialty mental health services. However, as of January 1, neither health plan appeared to have networks in place to carry out that service provision. This has been a strain on the capacity of Placer's delivery system.

Placer still does not have fully executed MOU's with the two managed care companies accepting Placer County medi-cal. MOU drafts have been negotiated and they are pending Board of Supervisor approval. However, managed care networks are still not fully operational , and as a result, Placer County capacity continues to be strained.

*Where service gaps exist, alternative strategies, such as cultural healing practices or other non-traditional services and supports, are explored.*

**UPDATE 10/14:** Placer has a number of culturally and community supported services in place, particularly for Latino and Native persons, and processes for community and residents to inform their implementation and oversight.

*Services for children and families include trauma informed care.*

**UPDATE 10/14:** This is a continued priority area for Placer's System of care. A Trauma Informed Intensive service has been funded and will begin operation for 3 to 5 year olds in November.

Foster parents are now required to complete at least 2 hours of

training in Trauma Informed content, and the county continues efforts to bring a more responsive trauma sensitive approach to all aspects of care.

Readiness Assessment Section	Description of Activities	Training or TA Needed?
<p><b>Involvement of Children, Youth &amp; Family</b>  <i>How Core Practice Model family - centered</i>  <i>Principles are reflected in current systems.</i></p>	<p><i>Families have a high level of decision-making power in all aspects of planning, delivery, and evaluation of services and supports, which is reflected in organizational policies.</i></p> <p><b>UPDATE 10/14: The System of Care has embedded and co located parents and youth who fully engage in and participate in planning and system improvement.</b></p> <p><i>Children and families have access to an ongoing community stakeholder process.</i></p> <p><b>UPDATE 10/14: (See above pages 8 and 9)</b></p> <p><i>Services are tailored to meet individual child and family needs and reflect the child and family's values, culture, and preferences.</i></p> <p><b>UPDATE 10/14: (See above pages 8 and 9)</b></p> <p><i>Children and families have multiple opportunities to share feedback about quality and effectiveness of services.</i></p> <p><b>UPDATE 10/14: No updates. Please see above sections of this report for additional detail.</b></p> <p><i>Peer support networks are available for children, youth, and caregivers.</i></p> <p><b>UPDATE 10/14: No updates. Placer employs via contract, a team of 4 co-located youth partners, and 10 parent partners.</b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

*Training and written information is available for families in order to support their role as informed decision makers.*

**UPDATE 10/14:** This is an area of continued interest for Placer. This month, Placer will begin a parent orientation process for child welfare involved families. Placer has partnered with our family advocate agency in this project, and the orientation will be co-led by social work staff and parent volunteers.

*Families are involved in defining, selecting, and measuring quality indicators of services and programs.*

**UPDATE 10/14:** No updates in this area. Family and youth are encouraged and often do participate in a host of meetings to drive quality and system improvement. SIP goals are largely driven by system needs, but they do have extensive stakeholder involvement in the crafting of indicators and methods of improvement.

**Cultural Responsiveness**  
*Agency ability to work effectively in cross-cultural settings*

*The cultural identity of children and families is valued, and reflected in service planning and delivery.*

Yes   
No

**UPDATE 10/14:** (1) Much training has been delivered in this area and bi lingual and bi cultural staff have been successfully recruited in recent months.

Placer has a Community Leadership meeting, where CSOC managers have monthly opportunities to engage stakeholders in underserved ethnic communities. There are two ongoing workgroups to plan and enhance care delivery to Native and Latino partner families.

*Diversity and language among agency staff reflects that of the community.*

**UPDATE 10/14:** CSOC has been successful in recruiting and hiring several new bilingual/bicultural staff in the past few months in part due to agreement by county personnel department to add language preference as a scored item on targeted applications. In addition, we have also added experience and interest in working with the Native American population as two application questions. These enhancements were made possible through leadership tenacity and through community partners requesting the changes at the county level.

*Staff are respectful of cultural differences in customs and beliefs.*

**UPDATE 10/14: No additional updates in this reporting period.**

*Training is provided to staff regarding diversity and culturally competent practices.*

**UPDATE 10/14: (See Above)**

*Published materials such as informational brochures and forms are translated into languages that reflect the diversity of the local community.*

**UPDATE 10/14: Progress has been made in this area with some key documents having been translated and some MH treatment plans are routinely translated. In addition, the court has moved all Spanish speaking court cases to Mondays on the court calendar to aid the use of translators and family support. In the past rating period the county Wraparound team has translated clinical assessment tools that are used while in session with the family team.**

*Children and families have access to services delivered in their own language.*

**UPDATE 10/14: (See above for progress in this area)**

*Service plans are translated into the family's native language and discussed to ensure understanding.*

**UPDATE 10/14: No updates in this area.**

*Agencies partner with culturally based community groups to ensure programs and services are culturally appropriate to meet the community's needs.*

**UPDATE 10/14: (See above) services and practices become available for our multi-cultural families and individuals.**

**Outcomes and Evaluation**

*The strength of current data collection practices, and how outcomes data is used to inform programs and practices*

*Agencies have a defined process that includes participation of families, direct service providers, agency staff, and other key stakeholders to define, select, and measure quality indicators at the program, service, and community levels.*

Yes  No

**UPDATE 10/14: SIP, QM, and other system improvement processes are ongoing.**

*Evaluation plans define specific goals and objectives, as well as measurable performance indicators.*

**UPDATE 10/13: No updates in this area.**

*Evaluation plan describes how data informs quality improvement processes.*

**UPDATE 10/14: Please see both the Child Welfare County Readiness Assessment and System Improvement Plan, and the Mental Health Plan External Quality Review Organizational Annual reports for detailed reviews of the use of data in the Placer System of Care to make meaningful decisions and systemic improvements.**

*Data collection occurs for measures of administrative, fiscal, program, service, and individual child and family outcomes.*

**UPDATE 10/14: There are a variety of reports used in the system of care to track, measure, and monitor outcomes in all of the above areas.**

*Data collection relates to process indicators, functional outcomes for children and families, satisfaction surveys from children and families, and fiscal measures.*

**UPDATE 10/14: (See above) No new information is available here.**

**Fiscal Resources**

*How fiscal policies, practices, and expertise support family centered services.*

*Agencies have a basic understanding of what needs to be funded and what the approximate cost will be.*

Yes  No

**UPDATE 10/14: No update in this area.**

*Fiscal agreements that include commitment of funds are in place to support the needs of children, youth, and families.*

**UPDATE 10/14: Services are adequately funded in general.**

*Agencies track expenses for the cost of mental health services for children and youth in the CW system.*

**UPDATE 10/14: All state and federal requirements for tracking are met.**

*Agencies utilize multiple funding streams to support the mental health needs of children and youth in the CW system.*

**UPDATE 10/14: No update needed. Placer's model includes significant blending and braiding of revenues and sharing of costs.**

*Staff receives training on the time study process.*

**UPDATE 10/14: No update in this area. Time studying is completed as required.**

*Cross-systems training include fiscal strategies and funding requirements.*

**UPDATE 10/14: With our integrated system, all training in the fiscal arena is cross systems by definition.**

*Policies and procedures describe strategies to blend funds from federal,*

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*state, and local sources to maximize ability to meet the needs of children and families.*

**UPDATE 10/14: MOU's are in place to share costs and revenue as needed.**

*Interagency teams and collaborative projects include fiscal expertise.*

**UPDATE 10/14: All teams have access to fiscal representation, and leadership meetings, MHSA planning meetings, and managed care meetings include fiscal representation routinely.**