

Katie A. Semi-Annual Progress Report

Enclosure 1

County: PlumasDate: 05/16/2014

- 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			
Name:	Ann Krinsky, MSW		
Title:	Social Work Supervisor		
Agency Name:	Plumas County Social Services		
Address:	270 County Hospital Road Suite 207		
City:	Quincy	State:	CA Zip Code: 95971
Phone:	530-283-6350	Email:	Ann.Krinsky@cws.state.ca.us

Name and Contact Information County Mental Health Department Representative			
Name:	Shannon Harston, MFT		
Title:	Program Chief		
Agency Name:	Plumas County Mental Health		
Address:	270 County Hospital Road Suite 109		
City:	Quincy	State:	CA Zip Code: 95971
Phone:	530-283-6307	Email:	sharston@kingsview.org

Name and Contact Information County Mental Health Department Representative			
Name:	Shannon Harston, MFT		
Title:	Program Chief		
Agency Name:	Plumas County Mental Health		
Address:	270 County Hospital Road Suite 109		
City:	Quincy	State:	CA Zip Code: 95971
Phone:	530-283-6307	Email:	sharston@kingsview.org

Name and Contact Information County Mental Health Department Representative			
Name:	Shannon Harston, MFT		
Title:	Program Chief		
Agency Name:	Plumas County Mental Health		
Address:	270 County Hospital Road Suite 109		
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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	25	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	1	
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.	5	
4	Potential subclass members who were unknown to the MHP during the reporting period.	2	Seen by providers outside 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	4	
2	Receiving Intensive Care Coordination (ICC).	0	See attached document
3	Receiving Intensive Home Based Services (IHBS).	0	See 2- for explanation
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>	0	See 2 for explanation
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>	0	See 2 for explanation
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).	3	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	1	See attached document
8	Declined to receive ICC or IHBS.	0	

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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	Strategy/Timeline Description
1 (a)	ICC	1	Provide County action steps and timelines to be used to provide and obtain ICC and HBS to subclass members. Social Services is following up on the out of county assessment on the child that has had the barriers to access described earlier in 7. The plan is for Social Services to communicate with Mental Health as soon as the information is found out and Mental Health will also communicate with Social Services as soon as a Service Authorization Request comes through delineating services requested by the out of county provider. There still lies the question of how the ICC gets identified when the treating county and the county who holds dependency and service authorization are different. Plumas is unsure how to proceed with this and is looking to the state for guidance. Again, keep in mind the departmental challenges mentioned earlier in regards to staffing, change in leadership and high staff turnover.
1 (b)	IHBS	1	See 1a

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.

All of the above are implementation barriers. Hiring is a barrier for both Social Services and Mental Health due to low salary (Mental Health being the 3rd lowest in the state)- the low salary makes the recruitment process difficult at best. In addition to salary issues there is also the rural nature of our county with inclement weather challenges that makes it difficult to attract professional staff who want to live and work in Plumas County. Training is a barrier due to staff turnover within the direct service staff as well as the Mental Health Department experiencing five different directors in two years. This change in leadership has led to the Department struggling to meet its basic requirements due to the disorganization of management. Currently the Social Services Supervisor and Program Chief of Mental Health have attended one, one-day training on Katie A and its implementation. Due to short staffing and disorganization, there has been little done to provide training at management level regarding the implementation of this process. However, recently, the Board of Supervisors has begun developing a contract with a consulting agency to assess the operational functioning of the department and make recommendations/devise a plan for getting the Department stabilized. Social Services Supervisor and Program Chief are hopeful this organizational assessment will assist in the implementation of Katie A and include specific recommendations for staff training, management training, etc to improve the knowledge base in our county as well as decrease some of the barriers Plumas has for implementation. Service availability is a barrier as well due to the rural nature of Plumas County and that all subclass members are placed out of county- travel, staff time, coordination across multiple agencies and systems is more difficult under these circumstances.

Part B; Number 2; Column 2

All of these children are in out of county placements and Plumas County is behind in their development of the Katie A process. There have been 5 different Directors in the Mental Health Department over the last 2 years. Both Social Services Departments as well as Mental Health have had extreme staff shortages as well as staff turnover. In addition, it is unclear how the Intensive Care Coordinator gets identified when the child is in an out of county placement. Does it come from the County that is providing the services or the County authorizing payment? One of these children is receiving ICC like services; however they are getting these services outside of the Medi-Cal mental health system as they are in a placement where the treatment is provided within the cost of the placement. Two of these children have been assessed by Mental Health Departments from outside counties and ICC as well as IHBS services have not been requested as part of that counties treatment plan for the children. The fourth child has had barriers to accessing treatment (see 7)

Part B; Number 7; Column 2

All subclass members are in out of county placements due to the absence of that level of care here in Plumas County. This child in particular has received an assessment from the other county mental health department, however the results of that assessment have yet to be received either through report to Social Services or through a Service Authorization Request to Plumas County. There has been poor communication in this case in regards to coordination for this child's care all around. Short staffing in Mental Health as well as Social Services has played a role in this communication breakdown as well as poor communication from the Foster Care Agency.

County: Plumas

Reporting Period: September 1- February 28

Date Completed: 05/16/2014

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>The social work management as well as the mental health management have experience through Children's System of Care and WRAP process of implementing family centered services through collaboration. Specific training is needed in Core Practice Model- development and facilitation of the Child Family Team and how to implement this at the service staff level. To date Midmanagement has attended only 1 day training on the facilitation process and read through the CPM and Medi-Cal Manuals.</p>	<input checked="" type="checkbox"/>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Since the inception of Children's System of Care and Wraparound, both of our agencies have been accustomed to treatment team meetings including foster and biological family driven treatment plan development. In addition to the treatment team process, our agencies have a collaborative referral meeting monthly for multi-agency and individual access for referral as well as capacity to pull this together in the event that the issues are more pressing and cannot wait for a month. It should be noted that although this process exists, it does not hold completely true to Core Practice Model or to the concept of Child Family Teaming. It is for this reason that the training needed box is indicated.</p>	<input checked="" type="checkbox"/>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>This is the area in which our county has the greatest challenges. As mentioned in Enclosure A, staff shortages, staff and administration turnover has left the Mental Health Department struggling to meet basic need. Social Services has similar challenges with staff shortages and turn over. Additionally, Mental Health does not have ability to use this version of PDF. The technology issues should be addressed in the next budget year by including an entire upgrade to our system as well as the access to fiber optics increasing bandwidth put into practice. The Board of Supervisors has also requested an organization review with recommendations from an outside consulting firm for assistance for the Mental Health Department that shows promise in assisting the agency in getting "back on its feet". There is hope this review will allow Mental Health to address many of their needs and allocate training and staff time to effectively address Katie A implementation.</p>	<input checked="" type="checkbox"/>
<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>Trauma informed care is a strength in knowledge base for both Social Services and Mental Health, however further training is needed in cultural competence, evidence based practice- through the implementation of outcome measures, and culturally specific healing practices and traditions. It is also hopeful that the upcoming review will address the need for training in these areas thus a place can be developed in response to this need as well within this coming fiscal year.</p>	<input checked="" type="checkbox"/>

Involvement of Children, Youth & Family How Core Practice Model family-centered principles are reflected in current systems.	Please see Systems and Interagency Collaboration Section on Page 1- it is hopeful that in the next fiscal year both agencies will be able to build on and expand the existing process by providing training in Core Practice Model and it's implementation. Specific training is needed at the service delivery staff level for effective inclusion of children into the process of goal planning process. There is also an existing barrier of the standard Court procedure of case plans being developed for six months at a time and not being able to access a fluid process. The goal is for Social Services and Mental Health to work in conjunction with the Courts to explore the process and it's possibilities further.	Please see - Service Array Section on Page 1	Please see - Service Array Section on Page 1
Cultural Responsiveness Agency ability to work effectively in cross-cultural settings.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outcomes and Evaluation The strength of current data collection practices, and how outcomes data is used to inform programs and practice.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fiscal Resources How fiscal policies, practices, and expertise support family-centered services.	There has been a turnover in Fiscal Management in the Mental Health Department- so skill development is the priority within this department. Within Social Services there is also a change in Fiscal Management. This change is in favor of support of family-centered services as the individual in that management position has extensive experience with MHSA, WRAP and CSOC philosophy which is all client based and client driven. This should prove to be an asset for our system fiscally.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>