

**County: Plumas**

**Date: 12/11/2014**

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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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.

<b>PART A: Potential Subclass Members Identified During the Reporting Period</b>			
<b>Item #</b>	<b>Information Requested</b>	<b>Column 1 Beneficiary Count</b>	<b>Column 2 Next Steps/Timelines</b>
1	Potential Subclass Members	4	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	0 All met medical necessity criteria for SMHS	
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 assessments completed	
4	Potential subclass members who were unknown to the MHP during the reporting period.	0 All known to 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 Refer to #5 & #6 below	
3	Receiving Intensive Home Based Services (IHBS).	0 Refer to #5 & #6 below	
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 Refer to #5 & #6 below	
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>	1	
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).	0 All receiving MH services	
8	Declined to receive ICC or IHBS.	0 None declined	

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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	0	
1 (b)	IHBS	0	

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.

The above all remain implementation barriers. Both MH and CWS departments remain understaffed as a result of hiring barriers that include low salaries and the extreme rural nature of the County that present weather, recreational, shopping and other obstacles. Both the MH and CWS Katie A representatives resigned from their respective positions during this reporting period. The CWS representative has been re-assigned, whereas MH has not reassigned a representative, again due to understaffing arising from hiring challenges. Training is a barrier as a result of staff turnover and staff shortages leaving little opportunity for staff to undertake training given time constraints and the priority to provide direct services. The assessment of the MH Department’s operational functioning, referred to in the previous Katie A report, has been completed, and expenditures recommended that will facilitate further Katie A implementation await the approval of the Board of Supervisors. Service availability also remains a barrier due to the rural nature of Plumas County resulting in all sub class members being placed out of county – travel, staff time, coordination across multiple agencies continues to be challenging under these circumstances.

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

Part B; Number @; Column 2: All subclass members are in out of county placements. It has yet to be clarified as to how the Intensive Care Coordinator gets identified when the child is in an out of county placement – whether it is the County providing services or if it is the County authorizing payment. Two of the identified subclass members are receiving services similar to ICC; however these services are being provided outside of the Medi-Cal mental health system due to the subclass members' placement in a facility where the treatment provided is inclusive of the cost of the placement.

Plumas County remains behind in the implementation of the Katie A process as discussed on page 4, although steps continue to be taken by both MH and CWS to remedy this situation.

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Reporting Period: 03.01.14. through 08.31.14

Date Completed: December 11, 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><b>Agency Leadership</b> <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<p>CWS and MH have experience, through Children’s System of Care &amp; WRAP process, in implementing family centered services using collaboration. Training in Core Practice Model, development &amp; implementation at the service staff level continues to be needed. During this reporting, of current staff, only the CWS Katie A representative has attended a Katie A (one day) training.</p>	<p>Yes</p>
<p><b>Systems and Interagency Collaboration</b> <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Monthly collaborative meetings will be re-initiated during the next reporting cycle, pending the availability of staff. Collaboration has continued to occur informally, on as needed basis, at this time. Treatment team meetings are ongoing. The use of a screening tool has been implemented by CWS, and a copy of the completed tool will be provided with all future CWS referrals to MH.</p>	<p>Yes</p>
<p><b>Systems Capacity</b> <i>The collective strength of administrative structures, workforce capacity, staff skills &amp; abilities, and operating resources.</i></p>	<p>This continues to present a challenge for Plumas County MH and CWS as discussed in Enclosure #1, Page #4. Technology issues have been resolved with the upgrading of computer systems and recent access to fiber optics. The MH organizational review, discussed in the previous report, has been completed and implementation of the resulting recommendations is pending review and authorization by the Board of Supervisors. Katie A is discussed at CWS program manager meetings, including updates and implementation status. Social Workers at CWS have received training on the Katie A referral process.</p>	<p>Yes</p>
<p><b>Service Array</b> <i>Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing</i></p>	<p>Training remains an identified need in cultural competency, evidence based practices, and culturally specific healing practices and traditions. Trauma informed care remains a strength for both MH and CWS.</p>	<p>Yes</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<i>practices and traditions.</i>		
<b>Involvement of Children, Youth &amp; Family</b> <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	Re-establishing and strengthening formal collaboration processes and procedures, Core Practice Model Training and Core Practice Model implementation remains a goal for both agencies. Core Practice Model training and implementation is dependent on staffing levels.	Yes
<b>Cultural Responsiveness</b> <i>Agency ability to work effectively in cross-cultural settings.</i>	Refer to "Service Array" section, Enclosure #2, page #1.	Yes
<b>Outcomes and Evaluation</b> <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	Katie A codes are accessible in the computer system. Use of the data is dependent on training and staffing levels.	Yes
<b>Fiscal Resources</b> <i>How fiscal policies, practices, and expertise support family-centered services.</i>	Fiscal management skills development is ongoing. The priority for tracking and monitoring continues to be addressed .	Yes