

County: Riverside County Amendment (9/1/13-2/28/14 reporting period)

Date: 7/23/14

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					
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Name and Contact Information County Mental Health Department Representative					
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Title:	Mental Health Services Administrator				
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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	2535	<p>This information is based on the instructions found in the state letter MHSUDS 14-012/ACL 14-29: Any Mental health services, 3+ placements within 24 months; Wraparound, Full Service Partnership services, specialized care rate; RCL 10+ group home; psychiatric hospitalizations.</p> <p>The Department of Mental Health (DMH) and Children’s Services Division (CSD) data systems are utilized to confirm the potential subclass members.</p>
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	129	Consumers who have been screened and assessed and found to not meet medical necessity.
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.	75	Consumers who have been screened and have not been assessed to determine disposition.
4	Potential subclass members who were unknown to the MHP during the reporting period.	930	Children identified by CSD as having 3+ placements within 24 months, specialized care rate and RCL 10+ group home, but have been unknown and therefore not served by 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	1617	Children identified as open to both CSD and DMH in the reporting time frame and received MH service or were identified as meeting subclass criteria.
2	Receiving Intensive Care Coordination (ICC).	90	ICC data was derived from service records with the ICC and IHBS service code.
3	Receiving Intensive Home Based Services (IHBS).	90	IHBS data was derived from service records with the ICC and IHBS service code.
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>	81	Children receiving Wraparound or FSP services that were not claimed as ICC or IHBS.
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>	60	Multi-Dimensional Treatment Foster Care numbers are considered part of our Full Service Partnership program and counted in PART B #4 above.
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).	1,342	Child receiving services that were not claimed as ICC, IHBS, Wraparound/Full Service Partnership, or ITFC/TBS.

Katie A. Semi-Annual Progress Report**Enclosure 1**

7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	46	Children who have been screened, assessed and found to have met medical necessity, but have not yet begun receiving mental health services.
8	Declined to receive ICC or IHBS.	6	This is the children who were referred for services after MH assessment, but family declined services. Screening/Referral disposition after MH assessment is recorded in DMH data system.

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PART C: Projected Services			
Item #	Service	Projected number of subclass members to be receiving services by August 31st	Strategy/Timeline Description
1 (a)	ICC	1000	<p>Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.</p> <p>On the 7/8/14 Riverside County conference call with Jim Dickinson and Kathleen Carter Nishimura, Mr. Dickinson requested that we provide updated projections for this line item. And, he requested projections for October 1, 2014.</p> <p>Our goal projections for August 31st remain the same. For October 1, 2014, we have agreed that roughly 50% of the children with open child welfare cases will meet our sub class criteria. Therefore, the ICC goal projection for October is 1550.</p>
1 (b)	IHBS	500	<p>On the 7/8/14 Riverside County conference call with Jim Dickinson and Kathleen Carter Nishimura, Mr. Dickinson requested that we provide updated projections for this line item. And, he requested projections for October 1, 2014.</p> <p>Our goal projections for August 31st remain the same. For October 1, 2014, we have agreed that roughly 50% of the children with open child welfare cases will meet our sub class criteria. And, we estimate that 50% of those children will need IHBS. Therefore, our goal projection for IHBS is 775.</p> <p>This estimate will likely need more adjustment as we continue to assess the needs more accurately for this population.</p>

Please note:

Data collaboration between Riverside County Department of Mental Health (RCDMH) and the Department of Public Social Service (DPSS) has continued according to an established protocol. Data is exchanged on a weekly basis. A matching process is used to identify those children currently open in both systems. This allows both departments to identify those children currently receiving mental health services. New mental health screens/referrals are documented in the RCDMH electronic system including the disposition of those referrals. This data is then used to monitor the new referrals for mental health assessments and the final disposition of those referrals. A monthly summary report has been developed to monitor the number of screens/referrals received, the number of referrals pending disposition, the number referred for treatment services and the number of children newly opened into mental health services. Currently in service and the service array is also included in the monthly summary. Additional reporting will include timeliness of entry into service from start of referral and outcomes of service.

Is your county experiencing the following implementation barriers?

Hiring	Yes
Training	No
Service Availability	Yes
County Contracting Process	Yes

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

Hiring:

The Human Resources process has been extremely slow. There is a back log of Candidate Requests forms due to personnel cuts within HR. We expect this barrier to improve in the coming months as new processes have been put into place to mitigate this issue.

Service Availability:

There are limited services in the Mid-county and Desert areas. Throughout the county, there are limitations for culturally specific services such as African American populations, Asian American, and LGBTQ populations.

County Contracting Process:

There has been difficulty in identifying all the providers affected by the change. There has also been difficulty with the providers billing the correct codes and even in activating the codes in the mental health electronic charting systems.

Retention of Staff:

This has been a major issue. The stress of the implementation in Katie A related programs has affected staff retention. Staff are transferring to other programs.

Funding:

New funding has not been provided to pay for the increased services to the children and to support the administrative structures.

Facilities:

There is not enough physical space to house the additional staff.

Recruitment of Foster Care Homes:

This need continues to be a challenge. While CSD has identified community based partners motivated to assist in the recruitment, support and retention of needed foster homes, Community Care Licensing delays are a barrier to expanding needed county licensed homes for children in need of out of home placement.

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>On February 19, 2014, Children's Services Division and The Department of Mental Health conducted a Stakeholder's Meeting. The focus of this meeting was both to update the stakeholders on the progress of the Katie A. project and implementation and to elicit feedback to update the Readiness Assessment. This meeting was highly successful, with a 105 people participating from a variety of arenas. Participants included: Education, Probation, Regional Center, Community Based Organizations, Parent Partners, Youth Partners, Tribal leaders, African American Coalition, Latino factions, Child Welfare staff, Mental Health staff, Group Home providers, and Foster Care providers. The results of this meeting are documented in the attached document. Both agencies agree this attached document most accurately represents our efforts at updating our joint readiness assessment.</p>	
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Please see attached Readiness Assessment as prepared via the 2/19/14 Stakeholder's meeting.</p>	<p>Yes, especially for sharing confidential information.</p>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>Please see attached Readiness Assessment as prepared via the 2/19/14 Stakeholder's meeting.</p>	<p>Yes, would like to receive guidance and feedback from the state</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>Please see attached Readiness Assessment as prepared via the 2/19/14 Stakeholder's meeting.</p>	<p>Yes, both CSD and DMH are waiting for the service comparison matrix for Wraparound, TBS and IHBS.</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>Please see attached Readiness Assessment as prepared via the 2/19/14 Stakeholder's meeting.</p>	
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>Please see attached Readiness Assessment as prepared via the 2/19/14 Stakeholder's meeting.</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>Data collaboration between Riverside County Department of Mental Health (RCDMH) and the Department of Public Social Service (DPSS) has continued according to an established protocol. Data is exchanged on a weekly basis. A matching process is used to identify those children currently open in both systems. This allows both departments to identify those children currently receiving mental health services. New mental health screens/referrals are documented in the RCDMH electronic system including the disposition of those referrals. This data is then used to monitor the new referrals for mental health assessments and the final disposition of those referrals. A monthly summary report has been developed to monitor the number of screens/referrals received, the number of referrals pending disposition, the number referred for treatment services and the number of children newly opened into mental health services. Currently in service and the service array is also included in the monthly summary. Additional reporting will include timeliness of entry into service from start of referral and outcomes of service.</p>	<p>Yes. Additional communication from DHCS is needed to plan for the collection of outcomes data. State weekly TA calls have indicated that a state workgroup will be identifying outcome measures. Data collection on outcomes without articulation from the state work group on the performance indicators of interest is difficult. We want to start developing a measurement structure to be congruent with what will be required from DHCS. Prompt technical assistance and direction in this area is requested.</p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>Goals met or are in process:</p> <ul style="list-style-type: none"> • Contracts that ensure services are provided • Tracking expenses • Each system has experts that know what funding pots are • DMH tracks the cost of mental health services but data needs to be shared • DPSS provides training on time study process • Fiscal concerns are open for discussion and have been increased to provide the needs of children • Self-assessment, SIP, RFPs • Medi-Cal, MHSA, PAS • Training of time study-process is informed • Evaluate the staff and utilize fiscal resources to ensure that programs are fully staffed 	<p>Yes, need additional guidance from the state on fiscal issues.</p>