

County: Sacramento

Date: September 30, 2014

May 1st Submission (September 1st through February 28th Reporting Period)

October 1st Submission (March 1st through August 31st 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	2,210	Kids in a group home (RCL 10+), specialized care rate, 3+placements or any MH service in the reporting period
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	n/a	We have requested this data element to be added to our Electronic Health Record upon discharge so it can be more accurately captured. Currently we are operating on the assumption that this is a very small percentage.
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.	236	Referrals to the MHP are processed by the Child and Family Access Team. At any given point in time there are approximately 300 referrals being processed (i.e. contacting family to determine need and choice in services, contacting referring party, processing the authorization to a service provider etc.). There were significant staffing challenges, now resolved, at the beginning of this reporting period.
4	Potential subclass members who were unknown to the MHP during the reporting period.	248	CPS kids who did not have an Avatar ID. Some of these children could be receiving mental health services outside of the County mental health system.

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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	1,681	CPS kids with a MH service or in a group home (RCL 10+), specialized care rate or 3+ placements for behavior reasons
2	Receiving Intensive Care Coordination (ICC).	209	Children in Group Homes would not receive ICC unless within 30 days prior to a planned discharge. Families who may have declined sub-class services would receive coordinated care claimed as Case Management Brokerage.
3	Receiving Intensive Home Based Services (IHBS).	144	The unduplicated number of children who received ICC and/or IHBS is 221
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>	61	FSPs were able to begin claiming ICC/IHBS as of July 1, 2014 (only 2 months of the reporting period). Continued training and monitoring provided.
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>	463	Coordinated Care is claimed as Case Management Brokerage by those service providers not identified as subclass service providers. The Division will be reviewing and monitoring the need for additional subclass service providers.
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).	753	

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

7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	183	CPS youth who did not have a mental health service in the County mental health system during the reporting period.
8	Declined to receive ICC or IHBS.	Unknown	An electronic service request system will be implemented after November 1, 2014 which will include this data element as a disposition option.

PART C: Projected Services

Item #	Service	Projected number of subclass members to be receiving services by August 31 st	Strategy/Timeline Description
			Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.
1 (a)	ICC	400	The County will continue training the subclass mental health providers on billing for ICC and IHBS. All subclass mental health providers will be part of the County utilization review, so charts will be reviewed to ensure the ICC and IHBS codes are being utilized. The subclass providers started billing in April 2014, so they were in the process of getting trained in utilizing the new codes over the last 6 months. We expect a reasonable increase over the next 6 months. We will continue to monitor ICC/IHBS billings on a monthly basis and provide technical assistance to the providers as necessary.
1 (b)	IHBS	400	

Is your county experiencing the following implementation barriers?

Hiring	Yes	No
Training	Yes	No
Service Availability	Yes	No
County Contracting Process	Yes	No

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

Please provide an explanation for any Yes responses above. Are there other barriers not listed above?

Explain and add pages, as needed.

Both county and contracted service providers have experience scarcity in applicant pools as well as difficulty retaining staff due to other labor market options. The expanded Behavioral Health benefit with the Affordable Care Act has provided competing career opportunities with GMC networks.

Service availability is tied to hiring of qualified staff to provide the service.

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Reporting Period: March 1 - August 31, 2014

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.

<p>Agency Leadership <i>Leadership's experience implementing family-centered services in a collaborative setting.</i></p>	<p>During the reporting period, the Katie A. Steering Committee continued to meet monthly to monitor implementation of the Core Practice Model (CPM). Youth and Family advocates continue to be involved in the Steering Committee and participate regularly. Three subcommittees (data, training and information-sharing) are still active and held meetings during the period. Topics addressed during this reporting period include: training, information-sharing, screening tool and referral form, and data collection.</p> <p>Representatives from Child Protective Services (CPS) and Behavioral Health Services (BHS) continue to participate in the technical assistance conference calls hosted by CDSS and DHCS. CPS and BHS staff also attended the Statewide Shared Learning Collaborative meeting on July 25 and the Second Statewide Path to Well-Being convening on August 21.</p> <p>Several ongoing multi-system meetings occurred during this reporting period and included the following:</p> <ul style="list-style-type: none"> • Bi-monthly meetings between Child Protective Services (CPS), Behavioral Health Services (BHS), Probation, and Wraparound service providers. • Residentially Based Services (RBS): <ul style="list-style-type: none"> ○ Meetings occur twice a month and are attended by BHS, CPS, Probation and service providers. • IMAC: Interagency placement committee meets weekly. <p>The following partnerships continue to exist between BHS and CPS:</p>	<p>N</p>
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	<ul style="list-style-type: none"> • CPS/MH Assessment Team: BHS clinicians partner with CPS Social Workers to provide emergency assessments to children and caregivers. • HEARTS for Kids: BHS clinicians and Public Health Nurses provide preventative medical exams, home visits and linkages to services to children 0-5 who enter the foster care system. • Independent Living Program (ILP): BHS collaborates with CPS by providing funding to expand the Independent Living Program in order to serve foster and non-foster homeless and LGBTQ youth ages 16 – 25 years. • Wraparound services, administered by BHS, serving CPS and Probation children and youth. • Residentially Based Services (RBS), administered by BHS, CPS and Probation, serving both CPS and Probation children and youth. • Children's Receiving Home Assessment Center: BHS administers a program for CPS female youth (ages 12 to 18) who are in need of psychological and psychiatric assessment. • Sierra Forever Families: A program administered through BHS designed to help foster children and youth achieve permanence. <p>During this reporting period, family and youth voices were included in planning meetings and other forums as follows:</p> <ul style="list-style-type: none"> • Family Partners and Youth Peer Mentors regularly attended Child and Family Team Meetings facilitated by Wraparound and other intensive service providers. • Family and youth advocates attended Katie A. Steering Committee meetings. • Family and youth advocates participated in the MHSA Steering Committee meetings that occur every other month. • BHS has family voice representation at weekly management meetings to advise leadership. • Family Partners and Youth Peer Mentors serve at the management level at provider agencies that have contracts over \$1 million to advise contract provider leadership and provide the family and youth voice in both service delivery and policy development. • Family Partners and Youth Peer Mentors regularly attend the Sacramento County Cultural Competence and System-wide Community Outreach and Engagement Committee meetings and sponsored activities. 	
<p>Systems and Interagency Collaboration</p> <p><i>How collaborative approaches are used when serving children and families.</i></p>	<p>BHS and CPS have ongoing contracts and MOUs with providers (short-term counseling, RBS, Wrap, FFAs and others) that clarify roles, responsibilities and expectations and also articulate strategies for meeting the needs of children and families. During the reporting period, in addition to the collaborative meetings described in the above section, the following activities took place:</p> <ul style="list-style-type: none"> • CPS and BHS leadership, County Counsel and the Children's Law Center met on June 23rd and August 26th, 2014 to clarify issues related to consent and information sharing. • CPS and DHBS managers jointly participated in the Katie A. TA calls. 	<p>N</p>

- CPS and BHS leadership participated in monthly CWDA and CBHDA discussions related to Katie A.
- CPS Executive Management Team monthly meetings include Katie A. as an ongoing agenda item.
- CPS/MH liaison has had ongoing communication with BHS to problem-solve service delivery issues in a timely manner.

BHS administration worked with Wrap cross system partners to approve the use of Wrap savings to re-invest in increasing mental health service capacity to Katie A. subclass eligible youth in FY 14-15 contract amendments.

During this reporting period, Child Protective Services (CPS) and Behavioral Health Services (BHS) partnered to provide the following trainings to staff and partner agencies:

Topic	Audience	Dates
Katie A. Overview	CPS social workers, CPS supervisors, MH providers	May – June 2014
Katie A. CPS Practice Training	CPS social workers and supervisors	June 2014
Mental Health First Aid – Overview for CPS	CPS supervisors	April –May 2014
CPS Overview for MH	MH providers and community partners	March –April 2014
Truly Trauma Informed: Assessing Your Agency Through The Trauma Lens	CPS staff, MH providers and community partners	July 2014

In addition to the above trainings, CPS and BHS held several resource fairs during August to encourage networking between CPS social workers and MH providers and to increase understanding of the MH services available in the community. Individualized training was also provided to the CPS Extended Foster Care units in August to answer questions related to the use of the screening tool, the CFT and the process for referring youth to the Access Team.

During this reporting period, Sacramento County BHS provided the following services that are consistent with the Core Practice Model expectations for Subclass Services:

N

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.

Current IHBS Services Provided in Sacramento County

IHBS	Description	# Providers
EPSDT Services: Wraparound	Intensive An intensive, community-based, individualized, strengths and needs driven, family focused, culturally sensitive approach for children with serious emotional or behavioral problems.	4
Flexible Integrated Treatment (FIT)	Range of service based on needs of the child and family. From more routine outpatient services up to intensive mental health services with interagency service coordination. Intensive services are community-based, individualized, strengths and needs driven. Program allows children and youth to remain with same counselor as they step down to lower level of care.	4
Therapeutic Behavioral Services (TBS)	A supplemental short-term service that provides one-on-one treatment intervention for children and youth with serious emotional issues who are experiencing a stressful transition or life crisis	4
Residentially Based Services (RBS)	Flexible, intensive mental health services delivered in the group home and the community	3
Sierra Forever Families (Destination Families)	Counseling, family finding and intensive case management services to assist children and youth achieve permanency.	1
Full Service Partnership		
Transcultural Wellness Center (TWC)	FSP program providing a full range of services focusing on Asian Pacific Islander individuals and families.	1

Turning Point Pathways	FSP program providing comprehensive, integrated mental health and permanent supported housing & employment services. Housing first model.	1
Juvenile Justice Diversion and Treatment Program	FSP program providing comprehensive assessment and treatment for pre-and post-adjudicated youth at risk of incarceration.	1
Intensive Treatment Foster Care (BHS does not contract for this service but CPS has Memoranda of Understanding with two providers)	ITFC serves children and youth who have complex needs that require more support than standard foster care.	2

Additionally, the following Evidence-Based practices were provided:

- **The Incredible Years** - a training program to help parents manage children with behavioral issues. This program is provided by Birth & Beyond Family Resource Centers located in at-risk neighborhoods.
- **Multisystemic Therapy** - addresses the behavioral problems of delinquent youth with the goal of improving functioning and empowering families to utilize community resources to achieve a healthier family environment.
- **Multidimensional Treatment Foster Care** - for severely delinquent youth as an alternative to residential care. It provides the youth and their families with therapy and support.
- **Parent-Child Interaction Therapy (PCIT)** - used for children with significant disruptive behaviors, placing special attention on the parent-child relationship. It not only helps with the child's behaviors but also empowers the parents to use effective parenting strategies.
- **Trauma-Focused Cognitive Behavioral Therapy** - a treatment model for children and adolescents experiencing post-traumatic stress and related emotional and behavioral issues. It is often used with children who have experienced multiple traumas prior to and during foster care. It is designed to provide treatment to the child and the parents.
- **Functional Family Therapy** - a short-term family-focused relational intervention, which is strength-based and usually involves 12 sessions over a 3-4 month period.
- **Dialectical Behavior Therapy (DBT)** - a cognitive-behavioral approach that has two key characteristics: (1) a behavioral, problem-solving focus combined with acceptance-based strategies; and (2) an emphasis on dialectical processes.
- **Alternatives for Families, Cognitive Behavioral Therapy (AF-CBT)** - represents and approach to working with families whose histories involve child physical abuse,

	<p>harsh/excessive physical discipline, and/or coercion/hostility and conflict, as well as with children/adolescents who present with significant behavioral dysfunction.</p> <ul style="list-style-type: none"> • <u>Latino Multi-Family Group (LMFG)</u> - specifically adapted for use with monolingual Spanish-speaking Latino families participating in mental health services. The objective of the group is to provide the families with education and problem solving skills in a group environment with other culturally compatible families. • <u>Aggression Replacement Training (ART)</u> - a multi-model intervention designed to alter the behavior of chronically aggressive youth. With considerable reliability, it appears to promote skills acquisition and performance, improve anger control, decrease the frequency of acting-out behaviors, and increase the frequency of constructive pro-social behaviors. 	<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>BHS and CPS value and encourage participation of children, youth and families in decision-making and utilize multiple strategies to involve them in the provision of care. During the reporting period, BHS and CPS involved families, youth and children in the following ways:</p> <ul style="list-style-type: none"> • As of July 1, 2014, CPS staff are required to hold quarterly formal and documented CFTs for Katie A. class members in order to monitor progress with mental health treatment and coordinate care. • CPS conducted close to 400 Team Decision-Making (TDM) meetings to ensure the family and child's voices were included in decisions related to placement of the child. • All Behavioral Health contracted providers that have a contract of over one million dollars are required to have a minimum of one Family Advocate and one Youth Advocate with lived experience as part of their executive leadership team. • CPS Emergency Response, Court Services, Informal Supervision, and Dependency programs are utilizing Signs of Safety (SOS)/engagement tools. The values for SOS mirror the Core Practice Model values, and encourage respectful engagement, emphasis on family strengths, and child and family involvement in the creation of safety goals and a safety plan for the family. • A Family Coordinator with lived experience participates in the weekly BHS management team meetings. 	<p>N</p>
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>CPS and BHS Programs are designed to take into account the cultural and linguistic needs of children and families. CPS currently has 58.8 FTE positions designated for special skill social workers with expertise in a variety of cultures including African American and Hispanic cultures and languages, including Russian, Lao, Vietnamese and Spanish.</p> <p>The DSM IV-TR and subsequent DSM-5 Cultural Formulation continues to guide mental health</p>	<p>N</p>

assessment and treatment planning, including connecting families and children to natural supports. Embedded in the Sacramento County Cultural Competence Plan are seven system-wide goals to ensure that the cultural and linguistic needs of the community are addressed. One of the goals targets the workforce to ensure that mental health staff mirrors the cultural and linguistic makeup of the county. The Human Resource Survey is used system-wide to monitor requirements related to this goal. BHS continues to require that all service delivery staff and supervisors take the California Brief Multicultural Competence Scale (CBMCS) that rates competency in four critical areas and requires staff to attend either the CBMCS Training or the Cultural Competence Foundational Training Utilizing the California Brief Multicultural Competence Scale (CBMCS). The training includes a variety of topics (didactic and role-play) to increase knowledge, sensitivity and responsiveness to cultural differences. To date, 516 staff members have received the training including 75 staff during this reporting period.

Additionally, BHS requires all system-wide interpreters attend a 21-hour intensive skills building Mental Health Interpreter Training Workshop (HMIT) that also includes an additional 7 hour training for treatment staff utilizing trained interpreters. During this period, the Division sponsored 1 cohort of 24 interpreters for the 21-hour intensive training and 1 cohort of 23 providers for the providers training. In addition, CPS and BHS translate key documents into the languages defined by the State as threshold languages for Sacramento County, in addition to translating other essential materials as requested. Written service plans are translated upon request or when the need is identified. In addition, the service plan is discussed with the families and children in their native language. BHS works with and funds programs such as Supporting Community Connections, targeting various cultural and ethnic communities including LGBTQ, TAY, foster youth, and homeless TAY; Asian Pacific Community Counseling Center (APCC); and La Familia Counseling Center to provide cultural and ethnic services to the diverse communities in Sacramento County. BHS also partners with other culturally based community organizations to meet the cultural needs of our children and families. Lastly, CPS and BHS accommodate all language requests through bilingual staff or interpreters that are available at no charge to the children and families.

During this reporting period, the following additional activities occurred:

- BHS' Cultural Competency and System-wide Community Outreach & Engagement Committees held 13 meetings during this period.
- BHS' Cultural Competence and System-wide Community Outreach & Engagement Committee members and other participating agencies/programs participated in 296 outreach activities/events and presentations with an estimated total potential contacts of 65,120.
- In recognition of Latino Behavioral Health Week, BHS' Cultural Competency and

	<p>System-wide Community Outreach & Engagement Committees organized and held a community based Latino Behavioral Health Week Special Presentation entitled, "Strength In Connections—El Poder De Las Conexiones" involving over 100 community members, providers and system partners.</p> <ul style="list-style-type: none"> 911 individuals attended at least one of 29 scheduled cultural competence trainings (including CBMCS) during this period. 	
<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>CPS has been working diligently with staff to make sure mental health screenings are completed and entered into CWS/CMS timely. However, due to the fact that staff are working hard to comply with the October 1 deadline for screening all children in existing cases while at the same time screening all new cases, a data entry backlog has been created. Because of the backlog, the number of screenings recorded in CWS/CMS does not accurately reflect the number actually completed. To remedy this, the management team created a temporary task force to help with data entry. In addition, other strategies are being implemented to remind staff about the importance of conducting the screening. The CWS/CMS unit has developed a bulletin titled "Why Do Katie A. Screenings" to remind staff about this important requirement. The bulletin is sent to staff via email. All CPS program managers are monitoring implementation of the screenings via regular data reports.</p> <p>Behavioral Health has been working on identifying CPS children in the mental health system and updating the Avatar system to designate those children as either class or subclass. A designation form was created to help identify the children. All contracted providers were trained to utilize the designation form. When a child's status changes from class to subclass or vice versa the provider must complete the form and send it to the county to be entered into Avatar. Mental health staff have also been working diligently with providers to track ICC and IHBS services. The providers have all been trained on the new ICC/IHBS billing codes and are currently utilizing them. We expect the numbers to increase dramatically over the next few months. Mental health staff monitor and provide monthly progress reports to providers about their utilization of the new billing codes.</p>	<p>N</p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>BHS administration worked with Wrap cross system partners to approve the use of Wrap savings to re-invest funding to increase mental health service capacity, as well as timeliness to services to Katie A. subclass eligible youth in FY 14-15 contract amendments.</p> <p>BHS provides mental health services to children referred by CPS. Services are provided through contracts with community based organizations as well as county operated programs. These services are funded with Mental Health Services Act funds, 2011 Realignment, and Federal Financial</p>	<p>N</p>

	<p>Participation funds.</p> <p>Service costs are tracked in the county's financial billing system and the data is sent to the State with the Medical claiming process. BHS leverages local funds to the extent possible to maximize the funding available to provide services. CPS and BHS budget staff meet regularly to discuss the needs for services and funding available.</p> <p>Ongoing Collaborative Funding Efforts this Report Period:</p> <ul style="list-style-type: none"> • BHS and CPS work collaboratively to provide braided funding for the 2 Senior Mental Health Counselors who provide assessment services for caregivers and children referred by CPS. • CPS provides funding for the Residentially Based Services (RBS) program jointly monitored by CPS, Probation and BHS. 	
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