

County: San Bernardino

Date: 9/18/14

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	2,137	Using the methodology provided.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	5	Most children referred meet medical necessity. Those who don't meet medical necessity are referred to appropriate services.
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.	86	We are reviewing this to determine the best manner to ensure follow through for referrals to services.
4	Potential subclass members who were unknown to the MHP during the reporting period.	225	1,913 of potential sub-class members have or have had open cases with our department and meet medical necessity. 225 have no record of services with our department.

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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	484	We arrived at this figure using the recommended methodology.
2	Receiving Intensive Care Coordination (ICC).	252	This is the number of unduplicated children who have received ICC.
3	Receiving Intensive Home Based Services (IHBS).	156	This is the number of unduplicated children who have received IHBS.
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>	188	We are developing reporting tools to identify these children who have qualified for sub-class membership and are in programs where they should be receiving CPM services and have not. We will vigorously address this over the next month.
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>	19	These are children in services from providers that have only recently had contract approval to provide ICC and IHBS.
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).	6	These are children served in the Fee For Service networks. We are working with Social Service Practitioners to refer for ICC and IHBS services.
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	19	We will immediately identify these children for referral to care.
8	Declined to receive ICC or IHBS.	0	No families have been reported as rejecting services.

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PART C: Projected Services			
Item #	Service	Projected number of subclass members to be receiving services by March 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	700	This has been our original long-term expectation for sub-class membership. The complexity of training, contracting and organizing the Core Practice Model for our very large county has had some effect on meeting this goal but we are confident it can be achieved within the next six months.
1 (b)	IHBS	400	We believe this to be an accurate estimate of the proportion of sub-class members who will require IHBS.

Is your county experiencing the following implementation barriers?

Hiring	Yes	
Training	Yes	
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: an increase in competition for highly qualified social work staff in the Southern Counties presents significant challenges in both retention and recruitment of qualified social work staff, particularly those with the skills necessary for practice consistent with the model.

Training: developing the intensive field-based training (coaching) capacity necessary to support practice model implementation has been a challenge. With the recent County Board of Supervisors approval of a contract amendment with the Southern Area Public Child Welfare Training Academy, the funding and scope of work is now in place to increase this County's coaching capacity from one coach to seven. However, finding capable coaches will also be a challenge.

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Service Availability: Remote and less populated areas of this County do not have the service provider presence that other more populated areas have and, as a result, it can be difficult to connect class and subclass members to the services necessary to meet their needs.

County Contracting Process: We are looking forward to Federal and State solutions to funding and contracting issues pertaining to Intensive Treatment Foster Care and Congregate Care Reform.

County: San Bernardino Reporting Period: October 1, 2014 Date Completed: September 29, 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>During this reporting period, the Joint Management Structure established by Children and Family Services and the Department of Behavioral Health continued to manage growth and development in:</p> <ul style="list-style-type: none"> • Mental health screening, assessment and treatment for class members; • Qualification of sub-class members and the provision of ICC and IHBS services to subclass members; and • Practice model development and implementation. <p>Deputy Directors from both Departments are leads within the Joint Management Structure and both communicate regularly with one another and their respective Directors.</p> <p>An MOU formalizes the mutual responsibilities that both Departments, along with the Probation Department, have committed to and are fulfilling. Additionally, this MOU describes the functioning of an Administrative Steering Committee charged with broad guidance for and oversight of Katie A. implementation efforts. Membership in this Steering Committee, which has been meeting monthly, includes the Presiding Judge of the Juvenile Court, the parent and youth voice, and representation from the Probation Department, community partners, CFS and DBH management, the County’s Program Development Division and the</p>	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<p>Children’s Network (a body that helps coordinate County-wide services). The Joint Management Structure includes inter-departmental workgroups which during this reporting period continued to address data sharing needs, policy and forms development, sub-class qualification, and mental health screening, assessment and treatment for both the class and sub-class.</p>	
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>During this reporting period, services continued to be delivered collaboratively to class and sub-class members through a number programs and processes, some of which involve joint DBH and CFS contracting, including:</p> <ul style="list-style-type: none"> • The co-location of DBH clinicians in the CFS regional offices; • The co-location of Public Health Nurses in the CFS regional offices; • Wraparound; • Success First (time limited Wraparound services for children and families who do not meet criteria for the Wraparound program); • Children’s Residential Intensive Services (ChRIS evolved from the RBS pilot); • Intensive Treatment Foster Care; • SART/Healthy Homes (the primary process through which CFS and DBH partner to ensure mental health screening, assessment and treatment for children entering the system); • Full time Education Liaisons in each CFS regional office (a program that has grown in number from 6 liaisons to 12 over the course of the implementation effort); • Family Advocate Resource Units in the CFS regional offices that include Parent Partners and contracted domestic violence counselors to assist with assessment, service linkage and navigation; • Healthy Moms and Babies; • Interagency Youth Resiliency Teams (a DBH funded collaboration with CFS to provide unique mentoring opportunities for youth); • The Children’s Policy Council; • Juvenile Court Behavioral Health Review Services; • The Foster Care Advisory Board, which supports cross-system collaboration particularly with the San Bernardino schools; • DBH, CFS and Inland Regional Center Collaborative Meetings; • Mental Health Court; and • The Interagency Planning Council. 	

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	<p>In late August 2014, CFS and DBH finalized and published CFS policy regarding ICC, IHBS and Child and Family Teaming for members of the Katie A. Subclass.</p> <p>During this reporting period, CFS and DBH developed a new process to ensure that all children in an open case who are not receiving mental health treatment at the time of case plan update receive a mental health screening by the CFS social worker. This process, which was implemented in September 2014, includes a consultation with the DBH clinicians co-located in the CFS offices, followed by a referral for a mental health assessment to a DBH contracted provider as indicated through screening and consultation. As part of this jointly managed implementation effort, DBH and CFS developed and put into production a new mental health screening tool.</p> <p>Also in September 2014, DBH and CFS jointly provided training to CFS managers and supervisors on the mental health screening policy and use of the new screening tool.</p>	
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>Our current mental health system capacity is more than sufficient to meet the current level of sub-population service demand. There may be a need to review and develop further service delivery in the far outer reaches of the county. We will monitor wait times between referral and first service to ensure children are seen in a timely manner. Once the bi-annual 100% screening of foster children is fully operational, we will likely see an increase of demand that we will need to monitor closely.</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>San Bernardino has a broad array of intensive service programs to provide appropriate levels of care to the sub-population membership. We are continually reviewing services for additional evidence based or best practice models that may be relevant and helpful. We are thoroughly invested in training our providers on trauma informed care and culturally sensitive services. This July, our Therapeutic Behavioral Support providers' contracts were all approved to include the ability to provide ICC and IHBS services where appropriate.</p>	

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<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>To ensure that youth and birth parent perspective and voice is meaningfully incorporated into implementation efforts, parent advocates and former foster youth are full and equal members of the County’s Administrative Steering Committee, which is responsible for guidance and oversight of the implementation effort.</p> <p>At the practice level, CFS parent partners and former foster youth, all of whom are full time paid employees, participate in Team Decision Making Meetings and other meetings where planning and intervention decisions are made with children and families.</p> <p>In order to make real for children and families those practice components and standards set forth in the State’s Practice Model Guide, San Bernardino County began implementing Safety Organized Practice in March of 2013. Since then, one cohort of training (which included the majority of social work staff) has occurred. Training for a second cohort began in January 2014 and is scheduled to conclude in February 2015. A cohort begins with a Three-Day Overview Training of SOP followed by a series of twelve modules held once per month. In addition, intensive field-based training (coaching) is also being provided to staff going through SOP training.</p> <p>To build internal training capacity, and to promote supervision to SOP standards and model fidelity, the majority of CFS line level supervisors have been certified to be SOP trainers and have assumed responsibility for SOP training delivery.</p> <p>SOP as it is being trained to in San Bernardino County includes concrete practice behaviors that align with the State’s Practice Model Guide, particularly in the areas of team building and youth and family engagement to adequately assess trauma in meeting safety, well-being and permanency needs.</p> <p>As an expression of this County’s commitment to the effective implementation of the Core Practice Model, on September 23, 2014, at the request of CFS, the San Bernardino County Board of Supervisors approved an amendment to a CFS contract with San Diego State University’s Public Child Welfare Training Academy to increase the total contract amount by \$559,080 (total contract amount now \$1,064,280) in order for PCWTA to expand Core Practice Model</p>	

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	<p>training and provide CFS with a total of 7 intensive field based trainers (coaches) by December 2014. Consistent with a revised training and coaching delivery plan, social workers and supervisors in each of the CFS regional offices will complete training on facilitation of Child and Family Team meetings by June 2015 with sufficient coaching in place to support skills development in both Child and Family Team facilitation and Safety Organized Practice.</p> <p>San Bernardino County CFS has 11 specially trained full time Team Decision Making facilitators and a number of trained “part-time back-up” facilitators who will play a critical role in helping this County transition from event based team decision making meetings to a more holistic child and family team process occurring during the entire life of a case.</p> <p>The practice change efforts described in brief above and the continuous refining of the County’s SART and Healthy Homes processes are intended to be complimentary and inter-locked cross-systems strategies to ensure comprehensive strength/needs-based assessments (including underlying needs), and screening and assessments for trauma exposure and mental health service needs.</p> <p>Both Departments continue to provide a number of programs, including but not limited to Wraparound and ChRIS, where children, youth and families are at the center of a Child and Family Team process.</p>	
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>CFS and DBH have built cultural humility and responsiveness into a number of training efforts, and the SOP practice behaviors are intended to support engagement, assessment, teaming and service provision that is culturally responsive. As noted above, parent partners and former foster youth of varying cultural backgrounds are meaningful participants in direct practice interactions with children and families as well as the oversight body responsible for the overall Katie A. implementation effort (Administrative Steering Committee).</p> <p>Additionally, San Bernardino County is a Family to Family (F2F) site that for years has been actively implementing the original four core F2F strategies of self-evaluation, team decision making, building community partnerships and recruitment, training and support. Making decisions in teams with the children,</p>	

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	<p>youth and families at the center of this decision making process (TDM meetings), and partnering with the community to design and deliver services that meet the needs of the children and families coming from our diverse communities is the foundation upon which we have launched practice model and Katie A. implementation efforts. Multi-language, multi-ethnic and multi-cultural community partners in each CFS regional office service area join, support and advocate for children and families team decision making and planning meetings.</p> <p>Our continued work with the Annie E. Casey Foundation led San Bernardino County to incorporate a 5th core F2F strategy: Permanency. From this grew another funded position, the Permanency Coordinator, who assists with case mining and family finding and engagement efforts to grow a child’s team and develop permanency options for children.</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>The Department of Behavior Health has developed an elaborate performance outcome plan with the cooperation of our stakeholders. All of the children’s providers use the Child Adolescent Needs and Strength tool and we have incorporated a soft-ware product to enhance its value as a source of data in monitoring the effectiveness of interventions.</p>	
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>Fiscal concerns are always a consideration when services are adapted to new demands. The 2011 Realignment offers certain challenges but we are confident we can manage any new demands efficiently.</p>	