

County: San Diego

Date: May 1, 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:	Roseann Myers				
Title:	Assistant Deputy Director				
Agency Name:	Health and Human Services Agency, Child Welfare Services				
Address:	8965 Balboa Avenue				
City:	San Diego	State:	CA	Zip Code:	92123
Phone:	858-616-5989	E-mail:	Roseann.Myers@sdcounty.ca.gov		

Name and Contact Information County Mental Health Department Representative					
Name:	Lauretta Monise				
Title:	Chief, Child and Adolescent Services				
Agency Name:	Health and Human Services Agency, Behavioral Health Services				
Address:	3255 Camino Del Rio S.				
City:	San Diego	State:	CA	Zip Code:	92108
Phone:	619-563-2787	E-mail:	Lauretta.Monise@sdcounty.ca.gov		

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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	1,028	Data is pulled and compared to MHP data on an ongoing basis to identify children/youth not otherwise captured and in need of screening and possible assessment.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	176	Youth identified by CWS who have been assessed by the MHP to meet criteria for "Class" and are receiving appropriate mental health services. These clients will be reassessed for Katie A eligibility throughout their mental health treatment.
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	During this past reporting period, the MHP has had capacity to serve all CWS youth referred for mental health services.
4	Potential subclass members who were unknown to the MHP during the reporting period.	246	CWS will be reviewing these potential subclass youth. They will be screened within this fiscal year to determine if a referral for a mental health assessment is needed.

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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	606	
2	Receiving Intensive Care Coordination (ICC).	391	MHP is working with contracted providers to ensure that all members of the subclass are offered ICC.
3	Receiving Intensive Home Based Services (IHBS).	148	
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>	18	
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>	174	
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).	76	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	1	
8	Declined to receive ICC or IHBS.	3	

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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 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	200	We hope to close the gap between the number of youth identified as subclass and the number that have received ICC. Having begun implementation with CWS youth in residential facilities, the claiming for ICC services was limited. We will re-examine and cross-reference our data from CWS and BHS to focus on programs that may need additional training on code usage. This will begin in the next few months.
1 (b)	IHBS	160	As above, the focus of implementation has been on high end youth already in residential placement, so IHBS was not provided except when transitioning client to a permanent home environment. A recent examination of data helped us understand which of our programs may need additional training on the when to use IHBS. Additional training focused on certain mental health providers will be provided in the next few months.

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.

Implementation for a transformative initiative such as Pathways to Well-Being poses a variety of challenges in a large child welfare system such as San Diego's. While we have not encountered barriers per se, we have come upon the inevitable hurdles associated with programmatic execution of this scale. Resourcing Pathways to Well-Being continues to be a difficulty that is not readily surmounted; however the commitment from both BHS and CWS to produce and support the highest quality outcomes is at the forefront of our efforts.

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Reporting Period: 09/01/13 – 02/28/14

Date Completed: May 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.

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>Behavioral Health Services (BHS) and Child Welfare Services (CWS) along with Probation leadership and the Family Youth Roundtable (FYRT) continue to meet regularly regarding implementation of the Core Practice Model (CPM) which in San Diego County is our Pathways to Well-Being initiative. This collaboration extends to all programs contracted to provide services to our CWS and Probation youth and families. A Memorandum of Understanding (MOU) is being developed to memorialize the BHS and CWS shared responsibility with regards to Pathways to Well-Being.</p>	<p>N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>CWS, BHS and FYRT along with the Academy for Professional Excellence met regularly during this reporting period. Approximately 300 BHS providers and 100 CWS staff attended the training: Pathways to Well-Being; Child and Family Team. Additionally, BHS and CWS staff continue to work collaboratively to identify youth eligible for enhanced services (subclass). An on-line training, “Pathways to Well-Being Overview; Understanding the Katie A Lawsuit and the Core Practice Model” has provided a valuable introduction for BHS staff and contracted providers as well as CWS staff. Additionally, CWS developed an online training that all BHS staff and contracted providers will take to learn more about the child welfare system and how it functions. Similarly, BHS developed an online training that all CWS staff will take to learn about the BHS system and its structure.</p>	<p>N</p>

<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>We have continued to strengthen staff skills and abilities with the provision of trainings. An increase in staff in all regional mental health clinics is planned to occur beginning in July 2014 to assist with the increase capacity projections. These staff and services will include: early screening and comprehensive assessment of trauma; provision of trauma-informed, educated and responsive workforce and provision of trauma-informed, evidence-based and emerging best practices. CWS has dedicated staff within the Residential Services program to support Pathways implementation for youth eligible for enhanced services. Additional CWS staff for regional programs, and to support class children/youth are anticipated for FY 14/15.</p>	N
<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>All BHS Organizational Providers have been trained in Intensive Home Based Services and Intensive Care Coordination. These additional services have been added into the wide array of services already available to children and youth in and out of the CWS system in all our regions. Access to TF-CBT training is available to all providers.</p>	N
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>Families and youth continue to be integrated into the planning and the provision of ongoing trainings for our workforce. CWS and BHS are preparing to train all of their staff and contracted providers. The training will be delivered by training triads that include one trainer from each key team stakeholder (CWS, BHS, and parent/youth partner). This method was selected to highlight the teaming and shared governance concepts of Pathways to Well-Being.</p>	N
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>BHS and CWS have a long standing and wide-reaching commitment to cultural responsiveness as detailed in the previous Readiness Assessment submissions. As we train county staff and contracted behavioral providers on our Pathways to Well-Being initiative, the concept and practice of cultural humility has been embedded in our training modules.</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>We continue to use a data matching process between CWS and BHS to ensure the identification of all class and subclass youth. This gives us critical information regarding youth, assists in validating the information that is put into the tracking and billing systems, and provides a way to examine trends in certain programs.</p>	N
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>BHS and CWS operate under the general oversight of the County of San Diego's Health and Human Services Agency (HHSA). While budgets are separately managed; there is collaboration during budget development for programs requiring shared governance such as with Pathways to Well-Being to ensure best use of resources. As previously addressed, the County of San Diego successfully manages funds and blends allocations from federal, state and local resources to maximize meeting the needs of children, youth and families.</p>	N