

County: San Joaquin

Date: 10/1/14

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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Title:	Deputy Director				
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Name and Contact Information County Mental Health Department Representative					
Name:	Lynn Tarrant				
Title:	Deputy Director				
Agency Name:	Behavioral Health Services, Children & Youth Services				
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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	763	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	200	112- NOAs from Victor; Contractor states procedure has changed as of 7/1/14 and anticipates this number to be lower in future; 88- these were screened by SWs, triaged by mental health (not assessed) and determined to not meet medical necessity, sent back to SW;
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	
4	Potential subclass members who were unknown to the MHP during the reporting period.	6	These were cases receiving special rates. Child welfare is creating a process to identify their special rates cases monthly by the Social Workers and Supervisors, in order to determine Subclass eligibility and the need to refer to mental health.

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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	342	
2	Receiving Intensive Care Coordination (ICC).	145	Following training by DHCS, staff became aware that IHBS could not be billed for until a CFT was held. It was also determined that staff from various agencies needed to understand that CFTs are stand-alone meetings, and the integral relationship between CFTs, ICC and IHBS. Therefore, trainings on CFTs will occur during this next reporting period. In addition, there are plans in the MOU to hire parent partners within the next 6 months, to assist in the CFTs.
3	Receiving Intensive Home Based Services (IHBS).	104	Upon further research, it was noted that other mental health services, not ICC and IHBS, are being coded to several Subclass clients. This has been discussed at the monthly Oversight Committee meeting with all Subclass contractors present, and it has been determined that a training is to be done by BHS QI to ensure that the proper Subclass codes are being billed;
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>	45	27 of these are in RCL 13/14 Group Homes. The remainder of these are cases opened to the FSP, not receiving ICC/IHBS services.

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

5	<p>Receiving other intensive SMHS, but not receiving ICC or IHBS.</p> <p>Examples of intensive SMHS may include: Therapeutic Behavioral Services (TBS), Intensive Treatment Foster Care (ITFC), or Multidimensional Treatment Foster Care (MTFC).</p> <p><i>Do not include youth already counted in 2, 3, or 4</i></p>	7	5 of these were TBS; 2 were ITFC;
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).	177	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	39	8 of these cases still meet criteria for Subclass, but have been closed and are not receiving services; 14 of them are receiving basic WRAP services;
8	Declined to receive ICC or IHBS.	3	

PART C: Projected Services

Item #	Service	Projected number of subclass members to be receiving services by August 31 st	Strategy/Timeline Description
1 (a)	ICC	200	<p>Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.</p> <p>Additional documentation training and billing code training will be provided initially to the Oversight Committee, and then to contracted and agency staff.</p>

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

1 (b)	IHBS	200	Additional documentation training and billing code training will be provided initially to the Oversight Committee, and then to contracted and agency staff. Additional checks and balances will be added to the Oversight Committee agenda to ensure that ICC and IHBS are being coded.
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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.

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Reporting Period: March 1st through August 31st

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.

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>Shared leadership and accountability with representatives from both child welfare and mental health continues. Monthly Katie A Stakeholder meeting discusses pertinent subjects and shared concerns. Collaborative Oversight committee continues to evolve and is more case/client-specific but discusses macro topics also. Monthly Oversight meetings continue to address CFTs, Subclass eligibility, closing of Subclass cases or “step-down” of Subclass to other services, billing to appropriate service codes. Planning of future trainings are discussed as well as identified cases.</p>	<p>N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Children’s foster care mental health services is co-located in Human Services Agency building, which has been noted as being very positive; Clinicians on mental health team collaborate with CPS Social Workers to attend TDMs, CFTs, IEPs, etc.; Clinician serves on CPS task force to revamp foster parent training curriculum which will include information on trauma informed care and services; Three clinicians have been assigned to the three court units and two clinicians and one mental health specialist are assigned to the FSP. The program is evolving and noting that the FSP can be heavily concentrated with the treatment of the cases, while the workload of the Court unit Intake and Assessment fluctuates. Therefore, some workload issues have been adjusted in order to ensure the timeliness of the service delivery to the clients.</p>	<p>N</p>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills &</i></p>	<p>One contractor added clinicians and parent partner this fiscal year; Another contractor has seen numerous personnel and management changes in the past 6 months which has impacted services; Human Services Agency has allocated funds for the Behavioral Health Services MHC III (Supervisory</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<i>abilities, and operating resources.</i>	position); Additionally, there are plans to hire parent partners through the MOU, to assist in CFTs.	
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>	The service array continues to include all of the evidenced based programs at the CYS clinic and contractors—Family Functioning Therapy; Trauma informed therapy; PCIT offered through contractors; CBT offered through clinic and contractors. Mental health and child welfare staff have recently received training in trauma informed practice; Some mental health staff are being trained in Seeking Safety curriculum; BHS Katie A clinician trained in Trauma-Focused therapy;	N
Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	Both agencies have had more time to reflect on current state of the shared CPM given that the collaboration has been in existence for one year. A current emphasis has focused on CFTs becoming more family-centered, more home or community-based, and more biological family involvement; The Oversight Committee will be planning a training on CFTs for the next reporting period.	N
Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i>	Training is provided by both agencies in cultural competency, including providing staff with information regarding the culturally inclusive mental health services available for families;	N
Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	This is an area in which it has been identified by both mental health and child welfare that more support is needed. Information Systems personnel of both agencies have recently been invited to the table to discuss feasibility of data sharing between the two systems as well as, data collection, tracking, analysis and evaluation.	Y
Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i>	There are plans to hire parent partners through the MOU during this reporting period. Behavioral Health Services provides mental health services to foster children and youth screened and referred by CPS. Services are provided through contracts with community based organizations as well as county operated programs. These services are funded through the Mental Health Services Act funds. Service costs are tracked in the county's financial billing system and the data is sent to the State with the Medi-Cal claiming process.	N