

County: Shasta County

Date: 10/1/14

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

√ **October 1st Submission (March 1st through August 31st Reporting Period)**

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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	439	<ul style="list-style-type: none"> • Child Welfare and Mental Health collaborated in order to achieve this number. • Of the 439 there are 278 children/youth receiving mental health services during the reporting period of 3/1/14–8/31/14.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	2	<ul style="list-style-type: none"> • Annually children with an open child welfare case receive a mental health screening if they are not currently receiving mental health services. • Of the 439, 278 children are open to and receiving mental health services. • Of the 439, Child Welfare has completed mental health screenings on 130 children/youth that are not currently open to mental health for services. Based on the mental health screening the children/youth did not require an assessment due to not having any behavioral indicators noted. • All children and youth are screened for mental health upon entry into child welfare by social workers or public health nurses.
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	<ul style="list-style-type: none"> • Every child that screens positive for mental health services is scheduled to receive a mental health assessment within 10 business days of completing the mental health screening triage process.
4	Potential subclass members who were unknown to the MHP during the reporting period.	25	<ul style="list-style-type: none"> • 6 of the 25 cases are no longer open to child welfare. • 19 of the 25 cases will have his or her annual mental health re-screening completed by October 31, 2014. • If any of the 19 children have behavioral indicators on the mental health screening for specialty mental health services a mental health assessment will be scheduled to occur within 10 business days.

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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	84	
2	Receiving Intensive Care Coordination (ICC).	58	<ul style="list-style-type: none"> The 58 youth receiving ICC are also receiving additional mental health services such as: Wraparound, Triple P, TBS, Individual Therapy, Collateral, Medication Support, etc.
3	Receiving Intensive Home Based Services (IHBS).	12	<ul style="list-style-type: none"> The 12 youth receiving IHBS are also receiving ICC services.
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>	2	<ul style="list-style-type: none"> The Wraparound Program is consistent with the Core Practice Model. Child Welfare youth in Wraparound receive ICC services in conjunction with Wraparound services. 2 youth in Wraparound have not yet started receiving ICC or IHBS services but are receiving Specialty Mental Health Services through Wraparound. One of the youth recently transferred from Probation to Child Welfare.
5	Receiving other intensive SMHS, but not receiving ICC or IHBS. Examples of intensive SMHS may include: 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>	0	<ul style="list-style-type: none"> We have 3 youth receiving TBS services at this time; they are counted under box 2 because they are receiving ICC services as well.
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).	22	<ul style="list-style-type: none"> 16 of the 22 are youth in Group Homes receiving mental health services. 2 of the 22 youth were opened to Katie A. Subclass 8/19/14 and will be receiving ICC and/or IHBS by 9/30/14. 4 of the 22 youth received mental health services but have now been closed to mental health services due to no longer meeting medical necessity.
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	1	<ul style="list-style-type: none"> 1 youth received mental health services in February 2014 but the child welfare case closed March 18, 2014 and no services were delivered in that month.
8	Declined to receive ICC or IHBS.	1	<ul style="list-style-type: none"> 1 youth who is in extended foster care and not interested in ICC or IHBS services at this time.

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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	62	<ul style="list-style-type: none"> We project an increase of 10% in subclass children receiving ICC services. The two children/youth in Wraparound will begin receiving ICC services in September The two children/youth receiving other mental health services will begin receiving ICC services in September. Currently we have 58 children receiving ICC services.
1 (b)	IHBS	14	<ul style="list-style-type: none"> We project an increase of 20% in subclass children receiving IHBS. Currently 12 children are receiving IHBS. Shasta County practice has been to provide in home services like Triple P and Collateral Mental Health which has affected the lower number of children receiving IHBS.

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.

- The contracted mental health organizational providers will meet with the Children’s Services Clinical Division Chief, Clinical Case Coordinator and Katie A. ICC Clinician to conduct in person Q&A with tips on troubleshooting and billing in the month of September and October 2014.
- In September 2014 one Mental Health Organizational Provider upgraded to an Electronic Health Record system and is now able to bill Katie A. specific codes (ICC and IHBS) for Katie A. Subclass youth assigned to this provider.
- The Children’s Services Katie A. ICC Clinician retired in March 2014; we have restructured current mental health staff to fill this role and have trained our new ICC Clinician on Katie A roles and responsibilities.

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Reporting Period: Mar. 2014 - Aug. 2014

Date Completed: 10/1/14

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>	<ul style="list-style-type: none"> • Shasta County, Health & Human Services Agency Mental Health (MH) and Child Welfare (CW) workers are active members of the Katie A. <u>Northern Learning Collaborative</u>. • MH and CW leadership and workers have developed and approved a Katie A. policy and procedure. Staff has been trained on the policy and procedure to help ensure consistent practice standards. • MH and CW leadership are administratively under the same leadership structure. Leadership is co-located and support collaboration through weekly status meetings. • MH and CW Supervisors have standing monthly meetings. • MH and CW workers and leadership are active and involved with the internal Katie A. Implementation Science Team and meet bi-weekly to discuss implementation, strengths and needs. • The Katie A. Implementation Science Team has stakeholders from various departments and includes outside community partners. • Leadership continues to work collaboratively with our IT, Accounting, and Managed Care Departments to share information, give feedback and oversee changes. 	<p>No</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<ul style="list-style-type: none"> • MH and CW use different reporting systems (CWS/CMS and Anasazi) which have created challenges in how information and data is shared between child welfare and mental health. • MH and CW are continuing to establish improved processes regarding how pertinent Katie A. data is shared while maintaining patient confidentiality. • All facilitated team meetings (Family Team Meetings, High Risk Team Meetings, and Child 	<p>No</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<p>and Family Team Meetings) for clients in CW are done utilizing Safety Organized Practice (SOP) in order to achieve continuity of practice and consistency for families.</p> <ul style="list-style-type: none"> • Analyst staff work closely with the IT and Billing Departments to audit the Electronic Health Record system to ensure that reporting of Katie A. Subclass matches what child welfare and mental health have identified. • All HHSA mental health clinicians assigned to provider services for foster youth have been trained on Child Welfare’s Safety Organized Practice (SOP) and facilitation of Child and Family Teams (CFT) to help integrate practice between CW and MH workers. • MH clinicians have updated clients’ Treatment Plans for all Katie A. subclass children to include ICC and IHBS services, as appropriate. • MH workers and Foster Care Public Health Nurses attend annual training for HIPPA. • MH and CW workers are encouraged to attend trainings provided collaboratively through internal systems, UC Davis, Community Partners, etc. • Each individual MH and CW unit was trained collaboratively by MH and CW regarding an overview of the Core Practice Model and specific workers roles and responsibilities for Katie A. implementation. 	
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<ul style="list-style-type: none"> • Children/youth with an open child welfare case age 5 and over are screened for mental health needs by Social Workers or Public Health nurses utilizing a structured MH Screening tool during the initial 10 days of becoming an open child welfare case. • We have a tracking system in place to ensure Children/youth are screened again at 90 days and annually if they are not currently receiving mental health services. • Children/youth with an open child welfare case age 0-5 are screened for mental health needs by a Public Health Nurse utilizing the Ages and Stages Questionnaire (ASQ) initially and then annually. • Children/youth that screen positive for mental health needs are given a Mental Health Assessment. Those children/youth that meet medical necessity for specialty mental health Medi-Cal services are opened to a mental health provider for services. The child/youth’s mental health needs, progress, and diagnosis are assessed and the Treatment Plan is updated annually. • As part of our ongoing coaching strategy we have trained workers in MH and CW on the MH Screening process and the timeliness, expectations, frequency of screening, and how to refer for services. • CW and MH staff worked collaboratively to train 11 units throughout Children’s Services on an overview of Katie A. and our internal processes. • CW and MH staff did community outreach with 8 organizations and community groups to educate them about Katie A. and our internal processes. 	<p>No</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<ul style="list-style-type: none"> • MH Clinical Division Chief meets every other month with contracted Mental Health Organizational Providers to discuss billing, concerns, and share information. • As a member of the Katie A. Northern Learning Collaborative we are working with the Chadwick Center to integrate trauma informed practice into our mental health screening process. We are piloting using an updated mental health screening tool that also incorporates the CASAT and SCARED tools that are used in Tuolumne County and the Chadwick Center. • The MH Clinical Case Manager works closely with the billing, managed care, and electronic medical record systems to ensure children are given the Katie A. Qualifier and Clinicians are in turn billing ICC and IHBS. • The primary ICC Coordinator in MH retired and we have successfully transitioned new staff into this role by cross training two MH Clinicians and did not experience a lapse in services during that time. 	
<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>	<ul style="list-style-type: none"> • Children’s Services has been working to develop Memorandums of Understanding (MOU’s) with Intensive Treatment Foster Care (ITFC) providers. Mental Health and Child Welfare are working collaboratively to develop the procedures, referral, and structure for this new placement option. The Katie A ICC Coordinator will play an active role in ITFC placements in order to ensure CFT’s and Katie A. services are coordinated with ITFC services. • Evidence Based practices such as Triple P and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) are utilized by staff and community partners to deliver services to families in our system and in our community. • Current practice for High Risk Team (HRT) and Family Team Meeting (FTM) are established to help families meet specific, individual child needs and build on strengths while working on needs. • Contracts with Organization Providers include the ability to supply In Home Based Support Services (IHBS) to any Katie A. subclass members. • HHSa MH Clinicians are able to bill for ICC and IHBS on Katie A. Subclass children/youth. • For children/youth that are identified as Native American children, our MH and CW workers assist the child/youth in getting connected to the Redding Rancheria and the Pit River Tribe for culturally appropriate services. • CW and MH workers did community outreach training with our Indian Child Welfare Act (ICWA) agency and tribal partner workgroup to educate members about Katie A. and the Core Practice Model. 	<p>No</p>
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered</i></p>	<ul style="list-style-type: none"> • We began a process in March 2014 of randomly evaluating CFT meetings through anonymous surveys of meeting participants. This has been helpful to ensure the CFT meetings are in compliance with the Core Practice Model. 	<p>No</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p><i>principles are reflected in current systems.</i></p>	<ul style="list-style-type: none"> • CFT Evaluations will continue to be utilized to improve practice and structure of CFT meetings. • Our CFT meetings utilize Safety Organized Practice structure. • In October 2013 – January 2014 MH and CW staff went out to community groups to get feedback and educate on Katie A (California Youth Connection (CYC), Tribal Partners, Foster Parent Association, Alcohol and Drug Provider Group, and Court Officials). • Our Court Orientation process has been very helpful in assimilating families to CW and the process for court involvement. • Supporting Father’s group, California Youth Connection (CYC), Parent Leadership Advisory Group (PLAG), and Foster Parent Association have been effective resources to support families and children. • MH and CW ask families where they would like the CFT meeting to occur and at what times to meet the needs of the child and family. • On the Katie A. Implementation Team we have had a Parent Partner who helps to ensure we keep the voice of the family in our decisions for implementing Katie A. • CW and MH staff has attended trainings through UC Davis on how to engage youth and families. 	
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<ul style="list-style-type: none"> • Staff diversity is consistent with that of Shasta County; we have multi lingual staff members and access to translator services. • We plan to utilize the Learning Collaborative to learn more about cultural responsiveness and what other counties are doing to help address this topic. • As a member of the Katie A. Northern Learning Collaborative we plan to explore non-traditional services and supports that exist in our community and how other Counties may be handling this topic. • CW and MH workers ask the child and family where and when they would like to have the CFT meeting held and who they would like to have on the team. 	No
<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>	<ul style="list-style-type: none"> • An Implementation Plan has been developed to help ensure specific outcomes, goals and data collection are consistent and fidelity is achieved for Katie A. Implementation throughout CW and MH. • Analysts assist in the collection and monitoring of data related to Katie A. to help ensure accuracy and timeliness in services. • A Katie A. Logic Model has been developed to help look at outcomes (fewer placement changes, permanency sooner, lower levels of care, etc.). • A Katie A. Evaluation Plan has been developed to monitor progress and assess our strategies. • An Analyst tracks data related to: all Katie A. Subclass children, any children who 	No

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<p>were screened for Katie A. and did not meet subclass qualifications and any child that was discharged from the Katie A. subclass.</p> <ul style="list-style-type: none"> • An Analyst tracks the number of CFT meetings that take place for each subclass child/youth and is in contact with MH Clinicians to ensure that 90 day evaluations are completed. • Analysts share information around Katie A. data and CFT meetings with the Implementation Team to look at patterns, barriers, fidelity, and strengths. • Analysts have access to the electronic health record (Anasazi) and CWS/CMS to run various reports on children that are current Katie A. Subclass as well as any potential new subclass members. • Analysts run reports to assess for any new potential subclass members on a bi-weekly basis and share that information with the MH Clinicians who complete a full Katie A. Evaluation. • Information around data is currently housed in Excel for tracking and CW/MH are exploring creating an Access Database to help track the subclass and class information. 	
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<ul style="list-style-type: none"> • Interagency teams and collaborative projects include fiscal expertise. • Contracts are in place with providers. • MH Contracts for the 14/15 year are integrating Katie A. Core Practice Model and Medi-Cal billing expectations for Organizational Providers. • Utilization of multiple funding streams to help support mental health treatment needs. • Workers receive ongoing training on the time study process. • Analyst support staff and MH Clinical Division Chief are completing a separate time study to look at the hours of administrative support for Katie A. implementation, tracking, and data collection and reporting to the state. 	<p>No</p>