

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

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

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Name and Contact Information County Mental Health Department Representative					
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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	21	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	4	Every six months CWS will advise MHP of any potential subclass members that require reassessment of 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.	2	<p>This will be an ongoing issue due to placement out of county. All identified Subclass members placed out of county will be referred to the appropriate county MHP and services will be promptly authorized by Siskiyou County MHP.</p> <p>In the event that referrals for assessment of our Subclass members out number our resources we will formulate a waiting list that will be reviewed weekly for staff availability.</p> <p>In the case of choice of non-MHP provider, a letter will be obtained from CWS advising decline of MHP services and instead receiving alternative services from non-MHP provider.</p>
4	Potential subclass members who were unknown to the MHP during the reporting period.	5 Voluntary Family Maintenance Cases	Monthly check-in with ER Supervisor prior to Katie A Stakeholder meeting.

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 Next Steps/Timelines
1	Subclass Members	23	
2	Receiving Intensive Care Coordination (ICC).	17	
3	Receiving Intensive Home Based Services (IHBS).	5	The MHP will work on having clinicians and case managers provide IHBS services to the subclass members. Most services that are currently being provided to the subclass members are "in clinic". In keeping with the CPM the MHP will encourage the provision of IHBS service delivery.
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>	1	Each subclass member will continually be evaluated for a higher level of treatment, such as Wraparound or becoming a Full Service Partner.
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>	1	
6	Receiving mental health services not reported in 2, 3, 4, & 5 above (include children who are receiving mental health services outside of the Medical mental health system, i.e. services paid for by private insurance or other	1	

	sources).		
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	4	Teens refused services.
8	Declined to receive ICC or IHBS.	0	

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 31st	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	22	Our MHP projects that we will serve 22 subclass members through the use of ICC services and claim for those said services by August 31, 2014. We currently have 1 ICC coordinator who will be working at capacity with these 22 members. As new subclass members are identified, our ICC Coordinator schedules initial meetings and then ongoing monthly meetings with CFT members to assess progress and needs. ICC Coordinator attends Detention Hearings on an ongoing basis and new potential subclass members are identified.
1(b)	IHBS	7	IHBS services will be provided as often as possible in accordance with client acuity and staff availability. The MHP will work on hiring additional staff to improve the capacity for service.

Is your county experiencing the following implementation barriers?

Hiring	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Training	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Service Availability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
County Contracting Process	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Please provide an explanation for any Yes responses above. Are there other barriers not listed above? Explain and add pages, as needed.

Staff shortages and turnovers have presented barriers to providing services. Children are placed out of county for a variety of reasons and this presents difficulties in service provision. Behavioral Health could use more training and resources in serving the 0-3 age group in order to implement Katie A. services with young children.

County: Siskiyou

Reporting Period: 09/01/2013 – 02/28/2014

Date Completed: April 24, 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</p> <p>Leadership’s experience implementing family-centered services in a collaborative setting.</p>	<p>Monthly meetings continue to be held with BHS and CWS leadership and staff to refine the program and address issues as they arise. All staff has been provided with copies of the Katie A. Core Practice Model Guide and the Medi-Cal Manual. We continually modify our practice, as appropriate, to incorporate suggestions from families who receive Katie A. services. We have frequent, informal communication with organizational providers.</p>	<p>N</p>
<p>Systems and Interagency Collaboration</p> <p>How collaborative approaches are used when serving children and families.</p>	<p>Siskiyou County is a frontier county with few service providers. We collaborate as a necessity to maximize service provision and reduce duplication of efforts. The needs of many families cross over systems and collaboration is a way of life. As an Agency incorporating Public Health, Behavioral Health, Adult & Children’s Services (Child Welfare Services), and Temporary Assistance to Needy Families, we internally provide many of the services needed by struggling families. We work closely with other service providers and community based organizations, such as the Karuk Tribe, County Office of Education, Siskiyou Community Services Council, Probation, Foster Family Agencies and Northern Valley</p>	<p>N</p>

	Catholic Social Service.	
Systems Capacity The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.	We provide training to staff to meet their needs when working with families in this rural environment. It is a continual struggle to maintain both social work and mental health staffing levels.	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.	Culturally responsive training is continually provided by the Agency's Cultural Competence Committee. We utilize culturally appropriate community resources during our service delivery, reaching out to Tribal members and cultural connections within the community. Trauma informed care trainings and a training on Rising Above Poverty has been scheduled. Our service array is limited due to small staff numbers and turnover. Staff has attended Katie A. trainings as time allows.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Involvement of Children, Youth & Family How Core Practice Model family-centered principles are reflected in current systems.	Children are a vital part of the Core Practice Model Team Meetings. Parents, caregivers and people important to the child are included in all decisions made by the team; a pre-meet is held to reinforce their participation and to provide guidance as to what the focus of the team meeting will be that day.	N
Cultural Responsiveness Agency ability to work effectively in cross-cultural settings.	Teams take their lead from the families and respect their cultural beliefs. Spanish speaking staff are available to work with families whose first language is Spanish. Staff have identified a variety of cultural connections in the Hmong, Spanish speaking and Tribal communities and reach out to them in working with families.	N

<p>Outcomes and Evaluation</p> <p>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</p>	<p>In this reporting period, the MH data collection tool was the CAFAS, however this has been replaced by the CANS tool. The CANS is being used pre and post treatment and is evidenced based 90 day assessment tool for Katie A. cases. During this time frame, the MH team has formalized the data collection process, now tracking the date of referral and date of assessment. Our Child Welfare Department utilizes “SafeMeasures”, as an outcome tool and has chosen to work on placement stability during our County Self-Assessment process. Utilizing the “SafeMeasures” tool will enable us to potentially measure the impact of Katie A. implementation/service delivery on placement stability and/or safe return to parents/placement in a permanent plan.</p>	<p>Y</p>
<p>Fiscal Resources</p> <p>How fiscal policies, practices, and expertise support family-centered services.</p>	<p>ICC and IHBS claiming has been implemented. We currently utilize MediCal as a fiscal resource for the service delivery to our Katie A. subclass members. There is one additional fiscal resource for both our subclass members and their parents and that is the Mental Health Services Act (MHSA). A subclass member must meet the criteria for a “Full Service Partner” in order to utilize the flexible spending program attached to MHSA. Accessing MHSA flexible funding can be an excessively cumbersome process. The County MHP continually works on improving access to MHSA flexible funding to enable the staff to provide as many services as possible for its’ subclass members despite the lack of alternate funding streams.</p>	<p>Y</p>