

County: Sutter

Date: 9/29/14

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

X 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	85	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	1	
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.	16	3+ placements not known to SMHS not screened/not seeing other mental health provider

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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	37	
2	Receiving Intensive Care Coordination (ICC).	0	
3	Receiving Intensive Home Based Services (IHBS).	0	
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>	9	
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>	5	4 ITFC 1 TBS
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).	23	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	
8	Declined to receive ICC or IHBS.	0	

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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
1 (a)	ICC	37	Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members. Train staff to use correct coding in HER; Hire/train additional staff members
1 (b)	IHBS	10	Hire/train additional staff members to provide the service.

Is your county experiencing the following implementation barriers?

Hiring	For MH, no for CWS	X	No
Training	Yes for booth	X	No
Service Availability	Yes for MH	X	No
County Contracting Process		Yes	X

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

Person within agency promoted to oversee and provide ICC services went on Medical leave; others within the team left employment. Recruitment and selection has taken several months during this period. Capacity to serve became an issue; as did training regarding entering the services correctly into the EHR.

**County: Sutter-Yuba Counties
2014**

Reporting Period: March 01-August 31, 2014

Date Completed: September 30,

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>In Sutter and Yuba Counties there are several groups that assist with implementing family-centered services in collaborative settings and ensure the family and children’s needs are the focus: These groups are the Behavioral Health Advisory Board, which is a combined faction of the prior Mental Health Advisory Board and the Substance Abuse Advisory Board; co-located staff in a child welfare setting; Department Head meetings which comprise of Health social Services and Mental Health; the Family Intervention Team (FIT), which is a policy formulation group in Sutter County comprised of schools, law enforcement, probation, social services, health, mental health, contract providers, and substance use disorders representation: Yuba County Blue Ribbon Commission, the Family Assistance Services Team (FAST), which is multiagency focused; Sutter County SuperFast; RADAR, or organizational provider’s system review; the mental health’s administrative team; the Quality Improvement Council (QIC); and Yuba County Assessment Team (YCAT), which is an interagency council.</p>	
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Collaborative approaches with both Sutter and Yuba County child welfare and mental health systems occur on a weekly basis with the FAST, RADAR and FIT meetings. YCAT meets twice a month and SuperFast meets monthly. Sutter County has a mental health therapist embedded in the child protective services system and is viewed as part of their team. Regular communication and relationship building occurs in the above mentioned meetings as the frequency of seeing our partners helps address complex issues. SYMHS still has an intact Children’s System of Care (CSOC)</p>	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	<p>that is an integrated care model where communication, care coordination, and case collaboration occur easily. SYMHS utilize an integrated release of information form that includes all partnering community systems, which facilitates smooth communications without the barrier of HIPPA issues.</p>	
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>SYMHS has been capturing Katie A. clients in the electronic health record. We are now able to identify beneficiaries, services, and billings, but realize training is needed. SYMHS has been working in collaboration with Yuba County Child Welfare System (YCCWS) in the afore mentioned teams. Although working relationships are good, we identified administrative structures were needed to address and facilitate improved access to potential Katie A members, HIPPA concerns, and screening and referral processes. SYMHS was struggling with determining capacity issues without a sense of how many children were potential or subclass related. Both agencies hired Directors early and late spring which has been helpful to begin addressing these issues. The Ages and Stages Questionnaire and the Mental Health Screening Tool is utilized at Sutter County Child Welfare Services (SCCWS) and they began referrals and later stopped to Youth Services as they were sending them to the mental health therapist on-site. SYMHS has worked on changing some of its intake processes to better identify potential Katie A subclass members. YCCWS is using the Ages and Stages Questionnaire and the Strengths and Difficulties Questionnaire to identify and refer children to Youth Services. SYMHS is moving Katie A. intakes and services to CSOC from Youth Services as their program structure is more amenable to serving this population. SYMHS and YCCWS are moving towards a Memorandum of Understanding as this appears to be the only solution to obtaining access to CWS client names. YCCWS’s Director has been very helpful is assisting us with this matter to help us complete the Enclosure 1 of this report. Training has been identified by all three systems. SYMHS, SCCWS, and YCCWS believe there is a need for increased staff resources based on preliminary numbers. We are in the beginning process of requesting four new Katie A. positions. Last spring we promoted a therapist to oversee Katie A., but knowing the number of youths in the class/subclass this is not a sufficient resource.</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>SYMHS has a wide variety of services in place from assessment to Wraparound. We have staff trained in Functional Family Therapy, Aggression Replacement Therapy, Attachment Regulation and Competencies (ARC), Bruce Perry’s Child Trauma Academy, Seeking Safety, Nurtured Heart, and Trauma Focused Cognitive Behavioral Therapy (TFCBT). SYMHS’s Ethnic Outreach Team (EOT) is able to address and provide specific healing practices and traditions. YCCWS’s Director is considering adding a mental health therapist to the CWS site which could help with Katie A. screenings and assessments.</p>	
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered</i></p>	<p>Our systems involve children, youth, and families throughout the treatment process to include assessment, treatment planning, service delivery, and termination. CSOC initiates a Family Vision Plan at the beginning of treatment and assists with guiding the family and</p>	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p><i>principles are reflected in current systems.</i></p>	<p>systems around the involvement and service delivery needed to assist the family to achieve their goals. Youth enrolled in CSOC must be part of a system, such as CWS or Probation, and are considered partners at the table throughout the planning and treatment process. Our approach to Katie A. instills family-oriented principles such as a team based process for many systems to come together with the child or youth, family, and caregiver(s) in creating an integrated, highly individualized plan that includes the coordination of existing services and the development of new/non-traditional supports to address complex emotional and behavioral challenges; and promotes active involvement by the child or youth, family, and caregiver(s) in identifying needs to work towards long-term sustainability and improved functioning. Both child welfare systems participate in these activities and mental health participates in their strength-based and family-centered practice of Safety Organized Practices, which is a family safety mapping process.</p>	
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>SCCWS added six Bi-lingual staff. SYMHS has added one Hmong Intervention Counselor, one Latino Intervention Counselor, one Peer Mentor, and one Latino Parent Partner. All three of our systems have bicultural and bilingual staff which is representative of the community's ethnic diversity. Our systems are involved in community outreach projects as well. We are a culturally competent and culturally sensitive organization.</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>SCCWS and YCCWS have robust outcome and evaluation practices as required by their state agency, yet these practices do not provide at the level of detail needed to identify which youth are Katie A. class or subclass members. This remains a manual method that is very labor intensive and time consuming.</p> <p>SYMHS has been able to add Katie A. elements into the electronic health record, so data identification is easier this reporting period. It remains time-consuming to match CWS client rosters with our client roster. Identification of service components for Katie A. is easier to retrieve, but we noted that most therapists have been using the standard service codes when coding their billing and not the Katie A. additional codes. This is a training issue that has been identified. Mental health has been coding these services since December 2013, and Katie A. subclass members have been identified since January 2013. Medi-Cal claiming began in June 2014.</p>	
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>SYMHS' mission statement embeds a family-client-centered philosophy as follows: The Sutter County Human Services Department provides client centered, culturally sensitive, outcome oriented, integrated, cost-effective delivery of services. Staffs of this department are committed to safeguarding the physical, emotional, and social well-being of others while promoting self-sufficiency and quality of life and health for those we serve.</p> <p>SYMHS is planning to request four additional positions to meet this population's needs. All fiscal decisions are guided by what is in the best interest of the client in terms of service</p>	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	delivery and programming.	