

County: Tuolumne

Date: May 1, 2014

- May 1st Submission (September 1st through February 28th Reporting Period)
- 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	36	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	9	
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.	4	
4	Potential subclass members who were unknown to the MHP during the reporting period.	7	The potential subclass members reported here as unknown to the MHP were members placed out of county.

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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	13	
2	Receiving Intensive Care Coordination (ICC).	2	
3	Receiving Intensive Home Based Services (IHBS).	1	
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>	0	
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>	0	
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).	7	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	4	
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
			Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.
1 (a)	ICC	6	Each identified subclass member will receive ICC services by the August 31 timeline. It is assumed that with overall Tuolumne County foster care numbers at a high point, the current number of subclass members would represent a fair projected number of subclass members at the 8/31/14 timeline.
1 (b)	IHBS	2	At this time, each of the identified subclass member are placed out of county. It is projected that 2 or those 6 may return to this county and receive IHBS from this county MHP.

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.

Training/support has been outstanding as part of the Northern Region Katie A. Learning Collaborative including Chadwick Center support, webinars, website resources and conference calls. Challenges include recent reduction in training through the UC Davis Northern Training Academy which eliminated virtually all training to CWS staff and its partners through June 2014.

Two issues have impacted service availability. 1. The Child/Family Team process was fully implemented March, 10, 2014. Some families were provided the Child/Family Team process prior to that date, but most did not start receiving ICC and IHBS until after the formal process was in place. 2. There is a barrier to this county MHP providing IHBS to the subclass members placed out of county.

County: _____

Reporting Period: _____

Date Completed: _____

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>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>		
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></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>		

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>		
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></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>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>		



Tuolumne County Human Services Agency

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Tuolumne County Child Welfare Services & Behavioral Health
Attachment to Enclosure 2 – Katie A. Semi-Annual Progress Report

5/1/2014

1. Agency Leadership:

Tuolumne County Child Welfare Services and Tuolumne County Behavioral Health services continue to work across teams including management, supervisory, and direct service staff to oversee and monitor the implementation of a Core Practice Model and to ensure compliance with the Katie A. settlement agreement. Agency staff and leadership team meet on a regular basis to discuss progress and to manage barriers as we roll-out full implementation. The local team developed a project matrix in which roles and responsibilities are delineated, and milestones and program outcomes are tracked.

Engagement of a wider variety of community stakeholders through the YES Partnership continues to serve in support of the local core practice model implementation. The YES Partnership is a multiagency consortium whose mission is to prevent child abuse and suicide while reducing substance abuse in both youth and adults. The agencies participating in the YES Partnership reflect a wide range of expertise and commitment to community health with specialized interest in the area of foster youth. The YES partnership has continued to serve in an advisory capacity for the Katie A. and CPM projects in Tuolumne County.

An area of continuing need for Tuolumne County centers on the involvement of youth and families in multidisciplinary and interagency settings. During this review period, Tuolumne County Child Welfare Services and Behavioral Health staff were successful at including a Parent Partner representative in the local child abuse prevention council. Efforts are currently underway to evaluate the existing interagency resource and placement committee operations and redesign the structure of these multi-agency teams to include a Child and Family Team (CFT) component.

2. Systems and Interagency Collaboration:

During this review period, a Memorandum of Understanding (MOU) was fully utilized to allow Tuolumne County Behavioral Health Department to directly bill Tuolumne County Child Welfare for Intensive Care Coordination (ICC) services that are not covered by Medi-Cal insurance. This MOU has supported access to services for families regardless of ability to pay and regardless of Medi-Cal billing restrictions to ensure smooth, seamless operations. Tuolumne County Behavioral Health Department hired a Behavioral Health Clinician fully dedicated to providing Katie A. mental health services. This employee functions in both the Behavioral Health and Child Welfare Services locations and works in a fully integrated capacity alongside Child Welfare social workers, as well as fellow Behavioral Health workers.

Once the initial core team was established, full access to collaborative service and teaming was opened to County Schools and Probation teams to ensure all youth at risk are provided the same level of support. This model is consistent with the local interagency placement and resource team process to ensure youth

are in the lowest level of placement necessary to meet their physical, emotional, and behavioral needs regardless of their specific agency affiliation.

Use of the local youth tracking tool which includes the listing of all foster youth placed in out of home care continues to serve as the information system for identifying and tracking Katie A. subclass foster youth and their services. This matrix continues to inform the team on child needs ranging from when a screening tool is due, when a mental health assessment is completed, to when the next Child and Family Team (CFT) should be scheduled. The leadership team continues to identify data areas in need of more targeted analysis resulting in alterations to the tracking system and tools. This tool in this reporting period is being updated to ensure all probation youth are listed to ensure all youth, without regard to Katie A. subclass eligibility, are tracked for maximum access to services.

The current process developed for sharing and receiving feedback between agencies is regular meetings occurring at the agency leadership level, as well as at the direct program supervision and implementation level. With full implementation of our local Placement and Resource Team as the vehicle to providing all Child and Family Team services, teams are meeting at least weekly.

3. Systems Capacity

In this reporting period, ongoing dialogue has been constructive in identifying capacity issues and barriers to service. On occasion, general business practice and existing triage systems have posed few unanticipated delays. Diligent efforts are underway to build capacity in each of these areas. Tuolumne County's screening and assessment procedures are continually reviewed to address unexpected hurdles and both agencies are currently operating with a sufficient workforce. Both agencies remain actively engaged in community partnerships that support service delivery to clients and the administrative staff at both departments have provided their full support for the implementation of the Katie A. settlement objectives and CPM implementation. There remains concern that data management and assessment of data may bring significant challenges to the current level of staffing. We are aware that the Performance and Outcomes System (POS) for Medi-Cal Specialty Mental Health Services for Children and Youth is in the process of development at the state level and what this requires of each MHP is unknown.

4. Services Array:

Tuolumne County continues to explore creative, accessible services to families and youth. Youth accessing behavioral health services are eligible to Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), Therapeutic Behavioral Services (TBS) and all services are considered trauma-informed. When youth require more targeted services to address specific issues (i.e. victimization due to criminal activity) they may be referred to private therapists through Victims of Crime (VOC) compensation programs.

Through the Northern California Katie A. Learning Collaborative and its collaboration with the Chadwick Center, all local private therapists under contract with Tuolumne County Child Welfare Services are participating in data gathering to assist in assessing local skill in trauma informed practice. Dialogue is becoming more relevant to ensuring youth access to services is targeted and impactful based on need across all contracted service providers.

We continue to offer an animal assisted intervention program known as *Hands and Hooves*. This program pairs foster youth with animals who reside at a local sanctuary. The program aims to provide a non-traditional therapeutic intervention for foster youth to work on social-emotional and interpersonal skills. The leadership team has included the ICC staff person into program sessions.

Tuolumne County continues to implement various aspects of Safety Organized Practice (SOP) and has extended SOP training opportunities to various direct service providers. The two departments are currently working with the local child abuse prevention council to host a series of community awareness and training opportunities on the issue of trauma informed practice. A planning committee has been established and this committee is working with the U.C. Davis Regional Training Academy and the Chadwick Center in order to offer this training to Tuolumne County and its neighboring communities.

5. Involvement of Children, Youth and Family:

Tuolumne County Child and Family Team CFT sessions were fully implemented in February 2014. Involvement of youth and family has been outstanding in these sessions. In February, one CFT was held with a Katie A. subclass member who participated alongside her estranged parent and engaged service providers. The youth was very candid in expressing how she has not felt her voice is heard and was able to express her wishes, her fears, and her needs. Satisfaction surveys were collected reflecting very high scores rating sense of value and sense of being heard.

Regarding overarching parent and child involvement in program development, Child Welfare Services has developed a Parent Partner program that currently serves CWS and BH adult clients participating in drug counseling through their Dependency Drug Court case plan. The Parent Partner program will be expanded in the next five years to include parent partners whose focus will be participation in all levels of the Katie A. and Core Practice Model implementation and service delivery. The parent partners will be enlisted to attend and participate in the regular interagency meetings that develop and implement the program. Their feedback in this process will be regarded with the same level of consideration as any member of the group. This participation will include help in establishing quality indicators of services and programs. Additional efforts include participation in a community-based parent leadership program aimed at developing a pool of parents interested in community leadership opportunities.

Tuolumne County remains weak in the area of youth involvement and would benefit from technical assistance in this area. Tuolumne County's Independent Living Program (ILP) has implemented a new incentive program for ILP youth leadership opportunities and as incorporated into the core curriculum a segment on youth leadership. Child Welfare Services has also incorporated foster youth into an advanced foster parent training where youth share their experiences in care and provide guidance to caregivers on how they can best support foster youth.

6. Cultural Responsiveness

No needs were identified for Tuolumne County in this area of the readiness assessment. Tuolumne County continues to believe both agencies operate in a culturally responsive manner and work diligently to ensure programs and services are culturally sensitive.

7. Outcomes and Evaluation:

As outlined in the October 2013 semi-annual report, Parent Partners will be developed in order to become key participants in the planning and implementation level of program development and ongoing evaluation. Additionally, the YES Partnership collaborative will participate as a stakeholder advisory group that will have input in the development of outcome measures and the evaluation process. Agency staff will remain mindful of the already existing outcome measures used to evaluate the safety, permanency and well-being of foster youth and analyze data sets using some of these measurements. Since February 2014, surveys have been given to participants at each Child and Family Team session to gauge satisfaction, sense of having a voice, and perception of value in the process.

8. Fiscal Resources

A previous need was identified in the area of blending federal, state and local funds to maximize the ability to meet the needs of children and families. Tuolumne County could benefit from technical assistance in this area. Tuolumne County CWS has also committed significant fiscal resources to ensure seamless access to service for all youth through an MOU shifting funds to Behavioral Health to cover costs not allowable under Medi-Cal rules. Sustainability will be important to assess in the long term.