County: Tuolumne **Date: October 1, 2014**

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

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

Name and Contact Information County Child Welfare Department Representative					
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Name and Contact Information County Mental Health Department Representative					
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Title:	Planned Services Program Supervisor				
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County: Tuolumne **Date: October 1, 2014**

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	53	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	7	
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.	1	One child referred for assessment is a runaway.
4	Potential subclass members who were unknown to the MHP during the reporting period.	2 of 53 total potential subclass members are unknown to TCBH	All but 2 potential subclass members have either a screening submitted to TCBH from CWS or were reviewed via the multidisciplinary team meeting process.

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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	7	
2	Receiving Intensive Care Coordination (ICC).	6	
3	Receiving Intensive Home Based Services (IHBS).	6	
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. *Do not include youth already counted in 2 or 3 above.*	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). *Do not include youth already counted in 2, 3, or 4*	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).	1	One newly identified subclass member, Katie A. services are pending a meeting and decision by the CFT.
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 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	6	This county will continue to identify new subclass members, provide Katie A. services and move members out of Katie A. status as indicated by the CFT meeting process. The number of subclass members appears to have stabilized given additions and losses over a 6 months period of time.
1 (b)	IHBS	6	Subclass members will receive both ICC and IHBS as appropriate and indicated by the CFT meeting process.

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.

As noted in the Semi-annual report narrative, both the Child Welfare Services (CWS) and Behavioral Health (BH) departments have experienced difficulties in maintaining full staffing levels. This created a difficulty in providing dedicated staff members to the CFT process, as well as timely access to BH services. ICC and IHBS services are provided with adherence to the Core Practice Model however under less than ideal circumstances. These difficulties could classified as hurdles rather than barriers.

County: TUOLUMNE **Reporting Period:** 3/1/14 through 8/31/14 **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)
Agency Leadership *Leadership's experience implementing family-centered services in a collaborative setting.*	**Please see attached narrative report**	
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*		
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*		
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.*		

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.*		
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*		
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*		
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*		

Tuolumne County Child Welfare and Behavioral Health

Katie A. Semi-Annual Progress Report

(Data Range March 1st through August 31st)

Agency Leadership

Tuolumne County Child Welfare Services (CWS) and Tuolumne County Behavioral Health Department (BHD) continue to collaborate across multiple levels to support the continued implementation of family centered services and practice. Agency staff and leadership meet on a regular basis to discuss barriers to success and monitor the overall process of this system reform. Staff continue to utilize a project matrix to identify goals, track progress, and delineate responsibilities. In addition, Tuolumne County continues to participate in a variety of activities as a result of our involvement with the Northern Region Learning Collaborative.

During this review period, the local interagency resource and placement committee was restructured and modified to better align with the Core Practice Model philosophy. All subclass members receive a Child and Family Team (CFT) meeting through this committee. This committee also monitors a portion of class members.

Systems and Interagency Collaboration

System collaboration continues to be supported by the use of a Memorandum of Understanding (MOU) that allows Tuolumne County Behavioral Health to directly bill Tuolumne County Child Welfare Services for Intensive Care Coordination (ICC) services that fall outside the scope of billable Medi-Cal hours. During this review period, a subsequent MOU was implemented that allows Tuolumne County Behavioral Health to directly bill Tuolumne County Child Welfare Services for clinical services to uninsured parents. This enables Tuolumne County Behavioral Health to serve as the lead agency for families accessing mental health, and alcohol and drug (AOD) services. This model creates increased opportunities for collaboration between Tuolumne County CWS and BHD staff. In an effort to support cross system collaboration, a joint training was held in July to discuss specific programs and practice elements to support family centered practice. All active Parent Partners (persons who have been successful accessing CWS services and volunteer to support new families navigate CWS and BH system) participated alongside agency staff in this training.

Aside from Tuolumne County CWS and BHD partnerships, additional collaboration continues to take place with key community stakeholders through the oversight of the YES Partnership. 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 YES Partnership agreed

to serve as a consulting and oversight committee to the implementation and continued quality improvement of the Core Practice Model in Tuolumne County. Agency staff have a standing monthly agenda item on the YES Partnership agenda to advise the council of progress and barriers to full implementation, and to seek input in system planning.

Planning is currently underway to develop a workspace that enables co-location of staff. More details about this project will be available in the next semi-annual report.

Systems Capacity

Tuolumne County continues to utilize a County developed tool to screen all children who enter foster care for mental health needs. This form is completed by the case managing social worker, and then provided to the Planned Services Program Supervisor at Behavioral Health. The supervisor reviews these screening tools and makes a recommendation about future treatment needs. Discussions are currently underway regarding the ability of the current tool to accurately assess for trauma exposure. The County team has evaluated other tools and may soon be recommending the use of a different screening tool(s). The team has also discussed the need to embed a rescreening process into the protocol, however this plan has not been fully vetted.

This reporting period brought with it a significant staff shortage in both departments which undoubtedly impacted the overall progress of the Core Practice Model implementation in Tuolumne County. Child Welfare Services currently has a 33% Social Worker vacancy rate. Tuolumne County Behavioral Health also has several vacancies in key positions. Leadership from both departments have been advocating for the return of hiring and retention incentives to combat this negative staffing trend. This advocacy was successful and these incentives were reinstituted for some of the impacted positions. During this reporting period, Child Welfare Services has also implemented a new training program in an effort to improve staff retention.

Such shortages have had a direct impact on the facilitation of CFT meetings. At the beginning of this review period, CWS had allocated a full time Social Worker to organize and facilitate CFT meetings and had a dedicated a separate staff member to provide clerical support. Both of these staff members have left the agency leaving unfilled positions; these tasks are currently being managed by CWS management staff.

Service Array

Within the last several months, the two agencies have implemented a new system in which all adults and youth entering the CWS system receive an evaluation at BHD. This initial evaluation provides the case managing social worker with treatment recommendations and expedites families in receiving mental health and AOD services. That said, BHD staff shortages have made

it difficult for families to receive timely assessments and regular treatment sessions. This in turn has created a delay in family reunification efforts. Tuolumne County Child Welfare Services remains connected with several private therapists in the community who serve the overflow population that BHD is unable to serve at this time due to staff shortages and Medi-Cal reimbursement barriers.

Tuolumne County Child Welfare Services continues to offer the Hands and Hooves program to current and former foster youth. This program pairs youth with equines at a local sanctuary, and provides a non-traditional therapeutic intervention for children. The local ICC has attended several program sessions.

The county remains committed to infusing a trauma informed orientation into daily practice and is working with the Northern California Regional Training Academy to facilitate a trauma informed training to local service providers. The county is working with the local Child Abuse Prevention Council to implement this training.

Tuolumne County Child Welfare Services conducts annual mandated reporter trainings to local school sites and a variety of community based organizations. Future plans include modifying Mandated Reporter Trainings to include a trauma component. In August, CWS management staff meet with all school superintendents and provided information on trauma informed care for education providers. This management team also advised school superintendents of the proposed modifications to mandated reporter training. The feedback received suggested schools were extremely interested in receiving in-service training on the topic of trauma.

Involvement of Children, Youth and Family

This component remains a challenge for Tuolumne County despite some positive progress. As mentioned, the local multi-disciplinary placement and resource team modified their policies and practices in order to hold CFT meetings on all subclass members. CFT meetings have also been extended to all youth at risk of out of home placement as well as youth at risk of entering a higher level of care.

The county has a Parent Partner program in operation, however this program struggles to maintain a large pool of parent volunteers. Recruitment obstacles and funding support for the Parent Partner program has also disrupted program development. During the next review period, efforts will be made to reorganize the program and potentially contract the oversight of this service to an interested community based organization.

Tuolumne County continues to struggle in the area of youth involvement and remains in need of technical assistance in this area.

Cultural Responsiveness

Tuolumne County believes cultural responsiveness continues to be an area of strength in the overall implementation of the Core Practice Model. Both agencies serve families in a culturally responsive and respectful manner and utilize Parent Partners to ensure additional cultural factors are considered.

Outcomes and Evaluation

Tuolumne County has made progress in this area during this reporting period. The county maintains a shared excel workbook that tracks all youth being served by CWS. This tracking includes information on mental health screenings and assessments, the use of psychotropic medications, and a variety of placement information. A goal in the next review period will be to embed date-specific information regarding screening, assessment, and treatment. This additional data will allow the agencies to more closely monitor timeliness to treatment.

As noted in the last semi-annual report, the County has implemented satisfaction surveys for Child and Family Team meetings. These surveys are provided to all family members who participate in a CFT. The results of these surveys are reviewed by the acting chair of the committee. Thus far, the feedback received has been extremely positive. Families have indicated the CFTs have been "productive," made families feel "supported and understood," and overall an "excellent resource team."

While strides have been made in this area, the County still lacks a formalized plan to evaluate if current practice is impacting outcomes for children. Further goals include developing this type of evaluation plan, as well as including a Parent Partner in CFT meetings. Technical assistance is still requested in this category.

Fiscal Resources

Tuolumne County continues to make progress in achieving fiscal policies that support family-centered services. As previously mentioned, the completion of the two MOUs have enabled us to shift funding from CWS to BHD in order to better serve youth and families. Fiscal strategies remain a focus of leadership meetings, and efforts are currently underway to develop policies and procedures that will assist direct service staff in understanding the importance in cross communicating on cases involving a variety of funding streams.