**County:** Yuba **Date:** 4/30/14

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

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

| Name and Contact Information County Child Welfare Department Representative | | | | | |
|---|---|---|---|---|---|
| Name: | Tony Roach | | | | |
| Title: | Program Manager | | | | |
| Agency Name: | Yuba County Children's Services Division | | | | |
| Address: | 5730 Packard Avenue, Suite 100, | | | | |
| City: | Marysville | State: | CA | Zip Code: | 95901 |
| Phone: | (530) 749-6245 | E-mail: | troach@co.yuba.ca.us | | |

| Name and Contact Information County Mental Health Department Representative | | | | | |
|---|---|---|---|---|---|
| Name: | Sandra Turnbull | | | | |
| Title: | Program Manager | | | | |
| Agency Name: | Sutter Yuba Mental Health | | | | |
| Address: | 1965 Live Oak Blvd | | | | |
| City: | Yuba City | State: | CA | Zip Code | 95991 |
| Phone: | (530) 822-7513 | E-mail: | sturnbull@co.sutter.ca.us | | |

**County:** Yuba **Date:** 4/30/14

**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 | 240 | |
| 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. | 200 | |

**County:** Yuba **Date:** 4/30/14

**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 | 87 | |
| 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.<br>*Do not include youth already counted in 2 or 3 above.* | 12 | |
| 5 | Receiving other intensive SMHS, but not receiving ICC or IHBS.<br><br>Examples of intensive SMHS may include: Therapeutic Behavioral Services (TBS), Intensive Treatment Foster Care (ITFC), or Multidimensional Treatment Foster Care (MTFC).<br>*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). | 57 | |
| 7 | Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source). | 18 | |
| 8 | Declined to receive ICC or IHBS. | 0 | |

**County:** Yuba **Date:** 4/30/14

**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**<br>Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members. |
| 1 (a) | ICC | 0 | Program Manager to be hired, organize program, identify staff and ensure training. currently in recruitment. Train ground staff. Provision of intensive services will continue. Coordination with business office process to code children as Katie A |
| 1 (b) | IHBS | 0 | Program Manager to be hired, organize program, identify staff and ensure training. currently in recruitment. Train ground staff. Provision of intensive services will continue. Coordination with business office process to code children as Katie A |

**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.

Both CWS and MHP had Interim Directors during this period. There were operational staff shortages in both departments, which effected ability to implement a new program. the need for an MOU has been identified to ease privacy issues with sharing of information

**County:** Yuba **Reporting Period:** 9/1/13-2/28/14 **Date Completed:** 4/30/14

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**<br>*Leadership's experience implementing family-centered services in a collaborative setting.* | : In Sutter and Yuba Counties there are several groups that assist with implementing family-centered services in collaborative settings, and oversee that the family and children's' needs are the focus.. These groups are the Mental Health Advisory Board (MHAB), Peer Mentors, co-located staff in a child welfare setting, Department Head meetings, the Family Intervention Team, Family Assistance Services Team (FAST), SuperFast, the administrative team meetings, the Quality Improvement Council (QIC), and Yuba County Assessment Team (YCAT) | ☐ |
| **Systems and Interagency Collaboration**<br>*How collaborative approaches are used when serving children and families.* | Collaborative approaches with child welfare and mental health systems occur on a regular basis with the YCAT, FAST, SuperFast, and QIC meetings. Sutter County's mental health and child welfare system are co-located so regular communication and relationship building is easier. SYMHS has an intact Children's System of Care (CSOC) that is an integrated care model. Communication and case collaboration occurs with an integrated release of information that includes systems participation. | ☐ |
| **Systems Capacity**<br>*The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.* | SYMHS updated its electronic records system to include a Katie A. component to capture beneficiaries, services and billing. Sutter and Yuba county child welfare are relying on manual tracking systems to identify their youths who are class or subclass members. This is very labor intensive and time-consuming. The MIST screening tool is in place in Sutter County Child Welfare Services (SCCWS) and there is an active referral process to SYMHS. Yuba County Child Welfare System (YCCWS) has a screening tool and is training staff on it. SYMHS, SCCWS, and YCCWS believe there is a need for increased staff resources. There is a lack of funding throughout all of our systems for additional staffing resources to meet the needs of this new population. Training provided by DHCS has not been on a continual basis. There seems to be new information and nuances discussed on the weekly technical phone calls, but there have not been updated trainings offered. Also, staff turnover occurs in all of our systems, so having some dedicated trainings on Katie A. issues would be beneficial. Our systems have taken advantage of all of the trainings on this issue. | ☐ |
| **Service Array**<br>*Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions.* | : SYMHS has a wide variety of services in place from Wraparound services to clinic-based services. We have staff trained in Functional Family Therapy, Aggression Replacement Therapy, Attachment Regulation and Competencies and (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. In particular our Hmong team is using the innovative approach of the Traditional Healers Project | ☐ |

| Readiness Assessment Section | Description of Activities | Training or TA Needed (Y or N) |
|---|---|---|
| **Involvement of Children, Youth & Family**<br>*How Core Practice Model family-centered principles are reflected in current systems.* | : Our systems involve children, youth and family through the treatment process, from beginning to end. In the child welfare systems they have collaborative meetings which are strength-based and family-centered through Safety Organized Practices, which is a family safety mapping process. Children, youth and families are at the center in the planning and treatment processes | ☐ |
| **Cultural Responsiveness**<br>*Agency ability to work effectively in cross-cultural settings.* | : SCCWS added six Bi-lingual staff. SYMHS has added one Hmong Intervention Counselor, one Latino Intervention Counselor, one peer mentor and one parent partner. All of our systems bicultural and bilingual staff is representative of the community's ethnic diversity. Our systems are involved in community outreach projects as well. | ☐ |
| **Outcomes and Evaluation**<br>*The strength of current data collection practices, and how outcomes data is used to inform programs and practice.* | : SCCWS and YCCWS have robust outcome and evaluation practices as required by their state agency, yet it does not provide any help to the level of detail in order to obtain which youths are Katie A. class or subclass members. This remains a manual method that is very labor intensive and time consuming. SYMHS is in process of learning how to input Katie A. youths into an electronic health record, and is still in a manual process as well. We are trying to automate data collection and reporting for this population. These processes are time consuming and labor intensive. We are looking back over the last year to see who was eligible and track those services that were delivered | ☐ |
| **Fiscal Resources**<br>*How fiscal policies, practices, and expertise support family-centered services.* | Currently there are limited to no fiscal resources to work with. All of our systems are utilizing existing staff in an already impacted service system to deliver these newly mandated services. The costs of this new mandate will more than exceed the nominal funding through state realignment. | ☐ |