County: ____Alameda_____ **Date: __5/1/2014_____**

☐ 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:	Michelle Love				
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Agency Name:	Department of Children & Family Services				
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City:	Oakland	State:	CA	Zip Code:	94621
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Name and Contact Information County Mental Health Department Representative					
Name:	Ellen Muir				
Title:	Interim Director, Children's System of Care				
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County: Alameda **Date: 05/01/2014**

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	1538	Based on a data set of DCFS data from January 2014 and BHCS data through February 2014. For criteria "b" (experienced three or more placements in a 24-month period), we used State's previous criteria of placement change due to behavioral health needs.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	Unknown	DCFS and BHCS are anticipating an augmentation to two contracts with programs already in use to expand screening and assessment (when indicated) to all class members. Medical necessity is not currently tracked, so we will explore options for tracking this information.
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.	Unknown	Our two screening and assessment providers will track CFS referrals and provide ongoing reports on Potential Subclass members, including information on individuals who have not yet been assessed.
4	Potential subclass members who were unknown to the MHP during the reporting period.	17	

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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	492	This number reflects subclass count up to 11/27/2013. It does not include child welfare clients over the age of 12 who meet subclass based exclusively on the mental health criteria that BHCS tracks.* At the direction of County Counsel, BHCS and DCFS are currently engaged in a "risk analysis" to update existing MOU with agreements that allow for the sharing of mental health data that DCFS needs to identify subclass more completely. We anticipate that MOU will be complete by 7/31/14 and that we will have a more accurate subclass count by 8/31/14.
2	Receiving Intensive Care Coordination (ICC).	29	Monitoring on-going
3	Receiving Intensive Home Based Services (IHBS).	30	Monitoring on-going
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.*	13	Monitoring on-going

If your answer below is blank or zero, please provide an explanation.

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*	89	Includes subclass members served in TBS, ITFC, or Level I outpatient clinics.
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).	255	This number does not include children receiving MH services outside of the Medi-Cal system. We have no plan to collect non-Medi-Cal MH service data. However, we are considering several options for screening and assessing youth in this category who are not receiving outpatient services, in order to ensure that they are connected to the appropriate level of mental health care.
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	104	Our current data sharing barriers preclude sharing the identity of these individual with DCFS at this time. Once the MOU is complete, (expected 7/31/14) we anticipate sharing with DCFS those for whom we have legal authority to share. We plan to screen, assess, and refer to services for those who need them. It is possible that some of these youth are being served by non Medi-Cal mental health systems.
8	Declined to receive ICC or IHBS.	Unknown	DCFS will track declines in CWS/CMS with proposed screens developed to track the offering and declination of ICC/IHBS. Awaiting CDSS' ACL with instructions on this piece of data tracking.

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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	70	County trained and set up ICC/IHBS billing capacity for two additional specialty mental health programs operated by Fred Finch Youth Center in March 2014. BHCS and DCFS are currently engaged in talks to develop a streamlined process for offering and referring ICC/IHBS to subclass members currently being served by Fred Finch. We expect to finalize this referral process in May 2014, and begin serving Fred Finch clients in May 2014. In addition, BHCS selected 6 additional providers of ICC/IHBS and has added ICC/IHBS to contracts for these providers beginning July 2014. We expect to have these six additional providers trained and set up for referrals by September 2014.
1 (b)	IHBS	70	See Note above 1(a)

Is your county experiencing the following implementation barriers?

Hiring	√	
Training		No
Service Availability	√	
County Contracting Process		No

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

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If your answer below is blank or zero, please provide an explanation.

Hiring – DCFS Management Analyst assigned to track subclass clients in CWS/CMS is on leave as of 1/31/14. DCFS currently engaged in a search for a replacement.

Service Availability – Training programs and retooling a number of different service models to include ICC and IHBS within our existing specialty mental health services is a challenge that could be ameliorated with additional funding from the state. We expect it will take several years to build capacity within our system to serve the entire subclass with ICC/IHBS.

*Mental Health Criteria that BHCS tracks: Wraparound, TBS, Crisis Stabilization, Psychiatric Hospitalization, Intensive EPSDT services.

County: Alameda **Reporting Period: 9/01/2013 – 2/28/2014** **Date Completed: 5/01/2014**

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)
Agency Leadership *Leadership's experience implementing family-centered services in a collaborative setting.*	Department of Children & Family Services (DCFS) and Behavioral Health Care Services (BHCS) met eight times during this reporting period to work on implementation issues such as: understanding and negotiating rules that govern mental health data sharing, subclass identification, screening and assessments, and developing a process for offering ICC/IHBS to more subclass members. DCFS and BHCS also piloted a CPM subcommittee focused on incorporating family voice into the Katie A planning process. Carolyn Novosel, Children's System of Care Director, who co-facilitated these meetings, retired on 2/28/14. Ellen Muir, Interim Director, Children's System of Care, will fill this role for BHCS. DCFS leadership who participated in the meetings included: Michelle Love, Assistant Agency Director; Faith Battles, Division Director; Gumaro Garay, Division Director; Robin Luckett, Division Director; Connie Linas, Supervising Program Specialist; Jennifer Uldricks, Management Analyst. BHCS leadership who participated in the meetings included: Carolyn Novosel, CSOC Director; Lori Delay, Critical Care Manager; Nathan Hobbs, Program Specialist; Lieann Schulze, Family Partner; John Engstrom, Decision Support; Gabriel Orozco, Decision Support	No
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	BHCS presented on local Katie A implementation efforts and strategies at the Children's Advisory Council in December. Although BHCS and DCFS met frequently, at times planning meetings were less productive and collaborative than they could have been. The departments have since restarted these meetings, and leaders are intentionally focused on fostering a collaborative partnership with clear roles and consistent, frequent communication. One persistent barrier has been confusion and	Yes

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	disagreement around the rules governing mental health data sharing with DCFS. County Counsels from both departments have met, and are actively participating to help develop a streamlined process for HITECH-compliant data sharing that conforms with HIPAA, W&I 5328, and the Katie A settlement agreement. Additional challenges for cross-systems implementation of the identified Child Family Teams (CFTS) model include the many necessary internal processes and labor negotiations required prior to rollout and that must be factored into timelines.	
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	BHCS trained staff from the county's sole wraparound program in the CPM and ICC/IHBS service delivery models in November 2013; the following month this program began serving subclass members with ICC/IHBS. BHCS also identified two additional providers of ICC/IHBS and started planning and contract negotiations with them in January. BHCS and DCFS approached the current provider of screening and assessments at DCFS' Assessment Center to explore the possibility of augmenting existing screening tools and to include new roles in subclass identification, mental health screening and annual re-screening for class members, and assessments. Both departments continue to work on building internal infrastructure to identify and track subclass members, and develop procedures for offering ICC/IHBS. Various providers have shared the challenge of being asked to provide additional services without additional funding, a fact which may limit our capacity to serve all subclass members who need ICC/IHBS.	Yes
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.*	BHCS has invested in a diverse array of EPSDT funded mental health programs designed specifically for foster children. Many of these programs use evidence based practices such as Trauma-Informed CBT, Motivational Interviewing, ARC, and Triple-P. BHCS Childrens' Systems of Care continued to participate with seven other counties to submit a SAMSHA grant application to develop a Bay Area Trauma Informed System of Care regional collaborative for the purpose of reducing disparities in behavioral health access and improving the provision of trauma informed services to children and youth. A key part of this work concerns reducing disparities in mental health service access for foster youth placed out-of-county.	No
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	Both BHCS and DCFS have made significant independent systems investments in the cultivation of youth and family engagement programs. Both departments are learning more about each other's initiatives, and how they might work in consort to better serve clients in both systems. Youth advocates, family partners, and parent advocates participated in joint meetings during this reporting period. In February DCFS and BHCS	Yes

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	piloted a CPM subcommittee focused on incorporating family voice into the implementation planning process. Leaders from both systems continue to work on how to most effectively involve family in the planning process.	
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Both DCFS and BHCS invested in cultural awareness and responsiveness initiatives prior to Katie A, and this continues as ongoing work for both departments. Training for DCFS and BHCS service providers around Katie A. implementation and collaboration is planned to respond to cultural and linguistic differences in the provision of services to members. Additional training resources may be leveraged through a National Crime and Delinquency Council (NCCD) grant awarded DCFS and focused on GLBTQ youth and diversity.	No
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	BHCS plans to use the Child Adolescent Needs and Strengths (CANS) instrument, once fully implemented, as an outcome measurement tool for Katie A services. DCFS collaborates with the Social Services Agency (SSA) Program Evaluation & Research Unit (PERU) for ongoing evaluation of programs and services. Once standard data sharing agreements are in place, it is anticipated that BHCS and PERU will be in a better position to evaluate services for child welfare youth together.	Yes
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	BHCS and DCFS will work together regarding the use of existing EPSDT funds to support the core practice model. Various providers have shared the challenge of being asked to provide additional services without additional funding, a fact which may limit our capacity to serve all subclass members who need ICC/IHBS.	Yes