County: ____Alameda_____ **Date: __10/10/14____**

☐ 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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Agency Name:	Department of Children & Family Services				
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Name and Contact Information County Mental Health Department Representative					
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County: Alameda **Date: 10/10/2014**

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	1873	Based on a combined data from DCFS and BHCS from September 2014, representing 2,816 child welfare cases. This data set includes 3 or more placements for any reason.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	Unknown	The lack of medical necessity is not currently tracked. We are exploring 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.	0	
4	Potential subclass members who were unknown to the MHP during the reporting period.	4	4/1873 potential subclass members were unknown to county mental health system.

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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	906	BHCS and DCFS collaborated to identify subclass members via a 9/17/14 court-authorized data sharing agreement. This higher number (compared to 492 in previous report) includes all child welfare clients, regardless of age and child welfare case disposition, who met subclass criteria according BHCS and DCFS operationalization of subclass criteria below.*
2	Receiving Intensive Care Coordination (ICC).	49	These 49 clients received ICC and IHBS through our wraparound provider, Project Permanence. • An additional three providers were asked to begin ICC/IHBS toward the end of this reporting period, however referral issues and client declines delayed the actual start of services into September and October. • In November and December, an additional seven programs will begin providing ICC/IHBS services.
3	Receiving Intensive Home Based Services (IHBS).	48	See above.
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.*	14	These 14 subclass member received wraparound services at Project Permanence, but were not billed as ICC or IHBS.

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*	270	Includes subclass clients who received TBS, crisis stabilization services, ITFC, or Level I clinic services during this reporting period. (Level I clinic services are for SED youth, and usually include psychiatry, therapy and case management.)
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).	415	Includes subclass clients who received school-based mental health services, day treatment, or outpatient therapy through a county-contracted network therapist provider.
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	158	For subclass members not receiving mental health services, BHCS and DCFS collaborated in September & October to conduct a subclass and mental health screening for 107 of these "unserved" youth. The following information was obtained through this screening process: • 51/107 48% still met subclass criteria at the time of the screening; 52% did not. • 57/107 57% were placed out of county; • 35/98 36% were currently receiving outpatient mental health services not tracked by BHCS Of the 51 confirmed subclass youth: • 17/51 33% were placed in a group home, and not eligible for ICC services at the time of the screening. • 41/51 80% BHCS clinicians recommended to child welfare workers to make a referral to either an ICC Provider, to ACCESS for a mental health referral, or a birth to 5 mental health provider.

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

8	Declined to receive ICC or IHBS.	10	These 10 declines represent subclass clients and families already receiving services at Fred Finch Visiting Therapist Program, but who declined additional ICC services when offered by Fred Finch clinicians.

PART C: Projected Services			
Item #	**Service**	**Projected number of subclass members to be receiving services by February 28th**	**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	120	Three additional CBO providers started providing ICC/IHBS services at the end of this reporting period: Fred Finch, Victor Community Support Services, and Alternative Family Services. These are in addition to Lincoln's Project Permanence program, which began providing ICC/IHBS in late 2013. Seven additional programs are slated to begin ICC/IHBS services in November and December 2014.
1 (b)	IHBS	100	See Note above 1(a)

County: Alameda **Date: 10/10/2014**

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

Is your county experiencing the following implementation barriers?

Hiring	√	Yes
Training	√	Yes
Service Availability	√	Yes
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.

Hiring – Additional funding needed to increase capacity at existing KTA providers.

Training – Additional training is needed to explain service requirements for subclass members. BHCS and DCFS are engaged in a joint cross training in October for ICC/IHBS clinicians and some child welfare workers. DCFS has had difficulties securing a trainer to provide Katie A. training to CWWs. A trainer has recently been identified and training dates in the process of being secured for November. DCFS is hopeful a training for CWWs will be held by the end of October.

Service Availability –We expect it will take several years to build capacity within our system to serve the entire subclass with ICC/IHBS, given the large number of subclass members identified.

*BHCS and DCFS collaborated to identify subclass members via a court-authorized data sharing agreement. For criteria points that BHCS tracks, subclass was defined as receiving Wraparound, TBS, Crisis Stabilization, Psychiatric Hospitalization, Intensive EPSDT services (defined as Level I county clinic services--which includes psychiatry, therapy and case management) anytime in the previous 12 months. For DCFS, the subclass criteria applies to any child welfare case that, as of 1/1/13, was either a) receiving a special care rate due to behavioral health needs; or b) three+ placements within 24 months due to behavioral reasons; or c) ITFC; or d) group home placement. A child welfare youth who met any one of these criteria points was deemed a subclass member.

County: Alameda **Reporting Period: 3/01/2014 – 8/31/2014** **Date Completed: 10/01/14**

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.*	• Department of Children & Family Services (DCFS) and Behavioral Health Care Services (BHCS) met monthly in Joint Partnership Meetings dedicated to Katie A. implementation. This committee included Youth Advocate and Parent Partner representatives. • Leaders from both DCFS & BHCS participated in a State Technical Assistance call on 7/9/14, attended the Statewide Katie A. leadership conference in Sacramento on 8/21/14, and attended the Partnership for Well Being Institute conference in Anaheim in June. • BHCS conducts bi-weekly internal Katie A. meetings to address planning and system changes (QA, Network Office, Decision Support, Information Services) needed to implement Katie A. This workgroup includes a Parent Partner representative. • A Katie A Family subcommittee composed of parent leaders from both systems met in August and October, and will continue to meet monthly.	No
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	• In August BHCS and DCFS began a joint effort to screen subclass members not currently receiving outpatient mental health services for the purpose of referring appropriate youth to assessment and ICC services. • Both agencies made significant progress in resolving data sharing barriers to enable subclass identification. In September 2014, the Presiding Juvenile Judge approved a court order authorizing information sharing on all child welfare clients for the purpose of subclass determination; data sharing has resumed effective September 2014.	No

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	• Three additional CBO providers started providing ICC/IHBS services at the end of this reporting period: Fred Finch, Victor Community Support Services, and Alternative Family Services. These are in addition to Lincoln's Project Permanence program, which began providing ICC/IHBS in late 2013. Seven additional programs are slated to begin ICC/IHBS services in November and December 2014. • In June 2014 BHCS began convening monthly Katie A provider meetings to provide direction, collaborative planning, and technical assistance to 11 programs (from nine CBOs) that have either already started providing ICC/IHBS services, or are preparing to start delivering ICC/IHBS. Projects tackled in this group included developing a Katie A Client & Family Plan for use at CFT meetings, creating a common structure and deliverable standards for CFT meetings, and developing plans for a CFT/Teaming training in October to equip staff of Katie A providers and child welfare workers with skills necessary to facilitate and participate in CFT meetings. • Various providers continue to share the challenge of being asked to provide additional services without additional funding, a fact which limits our capacity to serve all subclass members whom need ICC/IHBS.	Yes (awaiting TA requested on 9/3/14 regarding documentation for Katie A. Client Family Plan and Katie A. billing crosswalk)
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.*	• DCFS and BHCS continue to be involved in implementing a Trauma Informed Care systems initiative in collaboration with the Alameda County Probation Department to address the needs of crossover youth, who touch both the child welfare and probation systems. A cornerstone of this initiative is an 8-hour NCTSN Trauma 101 training for 270 staff from probation, child welfare and BHCS providers to take place in October 2014. • BHCS Childrens' Systems of Care continues to participate with seven other counties 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. We were recently awarded a $4,000,000 SAMSHA grant to fund this county collaborative project.	No
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	• Youth Advocates, Family Partners, and/or Parent Advocates participated in Joint Partnership Meetings, Katie A Provider meetings, and in the Katie A Family subcommittee during this reporting period. Both BHCS and DCFS continue to learn about each other's different approaches to family engagement that reflect the different cultures and needs of our agencies.	No

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
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 is in the implementation planning stage for a new an electronic health record system, which will come with enhanced data collection functionality to improve outcome monitoring. • BHCS plans to use the Child Adolescent Needs and Strengths (CANS) instrument as an outcome measurement tool for Katie A services. In September 2014, the Board of Supervisors approved funds for a CANS electronic data collection system that will enable CANS implementation for all BHCS children's system of care programs to start in January 2015, will full implementation expected by June 2015. • DCFS utilizes Social Services Agency (SSA) Program Evaluation & Research Unit (PERU) for ongoing evaluation of programs and services.	No
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	• The State shared that CBHDA is a source for claiming and funding for Katie A services. We will pursue this lead in the next three months. • 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.	No