

County: Amador

Date: October 2, 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:	Anne Watts				
Title:	Program Manager				
Agency Name:	Amador County Social Services				
Address:	10877 Conductor Blvd.,				
City:	Sutter Creek	State:	CA	Zip Code:	95685
Phone:	209-223-6651	E-mail:	watts@cws.state.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Melissa Cranfill				
Title:	Clinical Services Program Manager				
Agency Name:	Amador County Behavioral Health				
Address:	10877 Conductor Blvd. Suite 300				
City:	Sutter Creek	State:	CA	Zip Code:	95685
Phone:	209-223-6412	E-mail:	mcranfill@amadorgov.org		

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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	43	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	16	
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	
4	Potential subclass members who were unknown to the MHP during the reporting period.	0	CPS refers all potential subclass members to Behavioral Health so all become known to the MHP.

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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	26	
2	Receiving Intensive Care Coordination (ICC).	26	
3	Receiving Intensive Home Based Services (IHBS).	26	
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).	0	
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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PART C: Projected Services			
Item #	Service	Projected number of subclass members to be receiving services by February 28	Strategy/Timeline Description
1 (a)	ICC	35	Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members. Behavioral Health continues to receive referrals from CPS and the children are assessed. If they meet the subclass, Behavioral Health will initiate ICC and IHBS services.
1 (b)	IHBS	35	

Is your county experiencing the following implementation barriers?

Hiring	No
Training	No
Service Availability	No
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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Reporting Period: 3/1/2013 to 8/31/2014

Date Completed: 10/2/2014

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 <i>Leadership's experience implementing family-centered services in a collaborative setting.</i>	Child Welfare and Behavioral Health are overseen by the same Director and co-located in the same building, giving the necessary support to share responsibility and accountability for identifying the population and providing these services.	N
Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i>	Child Welfare and Behavioral Health have articulated a strategy for collaborating across systems to ensure family-centered services are offered and provided as necessary, and have implemented a screening tool and modified referral process to ensure services are provided timely, while also including a shared approach to address issues related to consent and confidentiality.	N
Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i>	Behavioral Health has contracted with a provider to provide family-centered services to the subclass population, to ensure that children and families can access a variety of services and supports in multiple settings. The cap for this contract was recently increased to be able to address the subclass population.	N
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>	Children and families are assessed for immediate safety, stabilization and crisis support needs using the Child and Adolescent Needs and Strengths Tool (CANS). The provider that Behavioral Health has contracted with provides an array of services that are community-based and are culturally responsive, including cognitive behavioral therapy which is an evidence based practice.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	Families have a high level of decision making in the aspects of treatment planning, delivery and evaluation of services and supports, and services are tailored to meet individual child and family needs.	N
Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i>	Cultural competence trainings have been a priority within the department to identify and respect the cultural differences in customs, beliefs and language. Behavioral Health has bilingual staff as well as a contract provider that specifically represents the Latino population, providing outreach and interpreter services.	N
Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	The provider currently uses the Child and Adolescent Needs and Strengths (CANS) tool to support individual case planning and the planning and evaluation of service systems.	N
Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i>	The Behavioral Health department will utilize multiple funding streams to support the mental health needs of children and youth in the Child Welfare system.	N