

County: Imperial

Date: May 1, 2014

May 1<sup>st</sup> Submission (September 1<sup>st</sup> through February 28<sup>th</sup> Reporting Period)

October 1<sup>st</sup> Submission (March 1<sup>st</sup> through August 31<sup>st</sup> Reporting Period)

Name and Contact Information County Child Welfare Department Representative					
Name:	Avery Dees				
Title:	Deputy Director				
Agency Name:	Imperial County Department of Social Services				
Address:	2995 S. 4 <sup>th</sup> Street, Suite 102				
City:	El Centro	State:	CA	Zip Code:	92243
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Name and Contact Information County Mental Health Department Representative					
Name:	Leticia Plancarte-Garcia				
Title:	Deputy Director - Children and Adolescents Services				
Agency Name:	Imperial County Behavioral Health Services				
Address:	202 N. 8 <sup>th</sup> Street				
City:	El Centro	State:	CA	Zip Code:	92243
Phone:	(760) 339-6860	E-mail:	<a href="mailto:letyplancarte@co.imperial.ca.us">letyplancarte@co.imperial.ca.us</a>		

Name and Contact Information County Mental Health Department Representative					
Name:	Cindy Guz				
Title:	Deputy Director - Youth and Young Adults				
Agency Name:	Imperial County Behavioral Health Services				
Address:	202 N. 8 <sup>th</sup> Street				
City:	El Centro	State:	CA	Zip Code:	92243
Phone:	(760) 337-7897	E-mail:	<a href="mailto:cindyguz@co.imperial.ca.us">cindyguz@co.imperial.ca.us</a>		

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

<b>PART A: Potential Subclass Members Identified During the Reporting Period</b>			
<b>Item #</b>	<b>Information Requested</b>	<b>Column 1 Beneficiary Count</b>	<b>Column 2 Next Steps/Timelines</b>
1	Potential Subclass Members	370	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	9	
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.	14	Clients offered assessment at ICBHS but have failed to attend appointments.
4	Potential subclass members who were unknown to the MHP during the reporting period.	241	

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

<b>PART B: Services Provided to Identified Subclass Members at Any Time During the Reporting Period</b>			
<b>Item #</b>	<b>Information Requested</b>	<b>Column 1 Beneficiary Count</b>	<b>Column 2 Timelines</b>
1	Subclass Members	28	
2	Receiving Intensive Care Coordination (ICC).	11	
3	Receiving Intensive Home Based Services (IHBS).	11	
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>	2	
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	Children who received TBS and MTFC services are counted in items 2 and 3 for this time period.
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).	7	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	5	
8	Declined to receive ICC or IHBS.	10	

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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 31 <sup>st</sup>	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	26	
1 (b)	IHBS	26	

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.

Hiring: Department of Social Services has been approved to hire new staff, however, due to departmental needs staff will not be dedicated to Katie A. cases full-time.

Training: Training opportunities are limited for Imperial County given our location. Out-of-county training only provides 2 slots and have not been able to send representatives as slots were not available.

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Reporting Period: 9/1/13 to 2/28/14

Date Completed: May 1, 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)
<p><b>Agency Leadership</b> <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<p>ICDSS and ICBHS have had past experience working collaboratively in delivery family centered-services. Some of these projects include the implementation of MTFC, and Parent and Children Together (PACT), a joint project to serve dependent minors and their families.</p>	<p>Y</p>
<p><b>Systems and Interagency Collaboration</b> <i>How collaborative approaches are used when serving children and families.</i></p>	<p>ICDSS and ICBHS have worked together in developing cross training to better understand each other’s systems, practices, and applicable laws and regulations. Joint meetings are held regularly where discussions are held regarding processes, access to services and service delivery to children and families.</p>	<p>Y</p>
<p><b>Systems Capacity</b> <i>The collective strength of administrative structures, workforce capacity, staff skills &amp; abilities, and operating resources.</i></p>	<p>Both agencies have been using existing structures, staff skills, and abilities to improve and enhance services; to improve referral process and access to services; and to implement new requirements.</p>	<p>Y</p>
<p><b>Service Array</b> <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></p>	<p>Both agencies have been working collaborative to identify strengths, abilities and areas of need within both systems. This assessment has helped to identify training needs and both agencies are working collaboratively in developing or securing trainings to ensure services to families are delivered in accordance with the values and principles of the core practice model.</p>	<p>Y</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p><b>Involvement of Children, Youth &amp; Family</b>  <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>Stakeholders, former foster youth and family members have been an integral component of the implementation process of the Core Practice Model. They participate in stakeholder meeting and focus groups where they provide feedback and are also involved in the regular Katie A. Implementation Meetings where they are active participants of the decision making process.</p>	<p>Y</p>
<p><b>Cultural Responsiveness</b>  <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>Staff from both agencies has been receiving ongoing training in multiple subjects related to cultural competence. Both agencies have also been sharing trainings to cross-train staff in order to provide effective services in cross-cultural settings.</p>	<p>Y</p>
<p><b>Outcomes and Evaluation</b>  <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i></p>	<p>Both agencies have systems in place to collect outcome data, however, a specific structure has not been established to collect and analyze data that can be used to identify outcomes specific to Katie A. cases.</p>	<p>Y</p>
<p><b>Fiscal Resources</b>  <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>Policies, practices and expertise in both agencies support the provision of family-centered services; however, for ICDSS, fiscal resources continue to be limited to meet staffing needs.</p>	<p>Y</p>