County: Inyo **Date: 1 October 2014**

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

Name and Contact Information County Child Welfare Department Representative					
Name:	Holly DeVincent				
Title:	Child Protective Services Supervisor				
Agency Name:	Inyo County Child Protective Services				
Address:	162 Grove St. J				
City:	Bishop	State:	CA	Zip Code:	93514
Phone:	760-872-1727	E-mail:	hdevincent@inyocounty.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Pamela Blackwell, LMFT				
Title:	Program Chief, Child and Family Services				
Agency Name:	Inyo County Behavioral Health				
Address:	162 Grove St. J				
City:	Bishop	State:	CA	Zip Code:	93514
Phone:	760-873-6533	E-mail:	pblackwell@inyocounty.us		

County: Inyo **Date: 1 October 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	12	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	0	All assessed members met Medical Necessity criteria.
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	Transitional age youth has not followed through on intake
4	Potential subclass members who were unknown to the MHP during the reporting period.	0	All CPS potential subclass members are reviewed in collaborative staffing.

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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	7	
2	Receiving Intensive Care Coordination (ICC).	4	
3	Receiving Intensive Home Based Services (IHBS).	1	
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.*	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). *Do not include youth already counted in 2, 3, or 4*	2	
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 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	5	Two sub-class members will drop off the list due to aging out of foster care.
1 (b)	IHBS	5	The five subclass members represent two families who will be re-unifying with family in the next 6 months.

Is your county experiencing the following implementation barriers?

Hiring	Yes	No X
Training	Yes X	No
Service Availability	Yes	No X
County Contracting Process	Yes	No X

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

Training: It is difficult to send staff to trainings that are often 6 hours or more away from the County.

Barrier: There is no way to get credit for Katie A. services provided to foster youth placed in our County but the responsibility of another county.

County: Inyo **Reporting Period: March – August 2014** **Date Completed: 1 October 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.*	The Mental Health Program Chief attended the Northern California Learning Collaborative in Davis in July 2014.	N
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	Both CPS and Mental Health staff meet weekly in a collaborative meeting; the county continues an every-other week Placement Review meeting that incorporates outside agencies into planning for children who may meet Katie A. sub-class. CPS has provided a list of all Katie A. qualified children and the sub-class is identified when these youth are referred to the Placement Team.	N
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	There is a full complement of CPS Social Workers, although many are new and in training. There is now one full time Spanish-speaking therapist and several CPS staff who speak Spanish. There are two Native American Social Workers. Due to staff vacancies, The Wraproud Team has been more selective in the families they can accept during the past 6 months.	N
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.*	Mental Health staff have been creative this reporting period in providing "sibling support" family therapy to a sibling group of 3 young children in foster care. Each week two staff meet with the siblings in a play group, help them with self-expression, cooperative play, and mutual support. This approach has been helpful to mitigate the emotional impacts from the children having to transition between several placements and a death in the family. But the children have been able to stay together and provide support to each other. PCIT and family-oriented therapies predominate among the Katie A. youth served.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	Family voice is a major component of the Wraparound Program and both CPS Social Workers and Mental Health staff meet with parents or caregivers weekly to assess their needs and voice. A process for including youth and parents in the Placement Team are being discussed with all providers.	N
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	With the addition of Mental Health staff who speak fluent Spanish, this roadblock has been eliminated. It has also been quite helpful to have Native American staff on the team at CPS.	N
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	Inyo County has selected the "Strengths and Disabilities Questionnaire" (SDQ) to use as both a pre-and post- outcome survey for children age 8 and older. The Eyberg Child Behavior Inventory (ECBI) is used in the same way for younger clients 2 through 8 years. Pre-tests have been completed on most of the Katie A. clients to date.	N
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	There are now designated reporting categories in the billing system for Katie A. clients, specialty services (ICC and IHBS) and to track the administrative costs of Katie A.	N