County: _MADERA_____ **Date: April 28, 2014_____**

XMay 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					
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County: Madera_____ **Date: April 28, 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	251	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	Unknown	MCBHS will have to add “did not meet medical necessity criteria” to the computer fields for reason for discharge after an assessment in order to capture 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.	169	

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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	251	
2	Receiving Intensive Care Coordination (ICC).	0	
3	Receiving Intensive Home Based Services (IHBS).	0	
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.*	12	
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*	3—ITFC 3—TBS 6 total	
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).	68	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	16	
8	Declined to receive ICC or IHBS.	0	

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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	2	Contract for WRAP services goes to the Madera County Board of Supervisors on June 3, 2014. We will be able to refer children for these services after this date.
1 (b)	IHBS	2	Contract for WRAP services goes to the Madera County Board of Supervisors on June 3, 2014. We will be able to refer children for these services after this date.

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.

The dollars allocated for Katie A are inadequate to serve all the children in the class. We continue to request technical training for Children and Family Team meetings.

County: Madera **Reporting Period: September 1, 2013—February 28, 2014** **Date Completed: April 28, 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.*	There are monthly management meetings between Department of Social Services (DSS), Public Health (PH) and Behavioral Health Services (BHS) centered on the provision of services to open Child Welfare Services (CWS) clients. These monthly meetings include the Director, Assistant Directors and other senior managers in addition to the supervisor of the BHS mental health/CW services program. These monthly meetings have occurred for the past decade. In addition to the management meetings to work on any issues re: policies, procedures, access to services, etc., there are meetings between the CW staff (including supervisors) and the BHS staff for client staffing. There is a Memorandum of Understanding (MOU) between DSS and BHS which outlines the services to be provided to CW children who need BH services. This Memorandum includes the provision of drivers for CWS clients needing BHS services for easier access. BHS services include therapeutic services as well as case management. This MOU also includes Public Health. There is a Public Health Nurse co-located at DSS which provides information, referrals, coordination of services, etc., for CWS children. Currently, DSS has trained BHS supervisors and senior managers in Team Decision Making (TDM) and BHS has offered to train DSS staff in the evidenced based Mental Health First Aid, Mental Health First Aid for individuals working with youth,	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	different suicide intervention trainings and offers evidenced based Parenting Classes for free to the community in English and Spanish. During the past six months BHS has had several trainings with CWS staff regarding mental health sigma and discrimination issues. DSS has a MOU with the Madera County Office of Education for services for foster youth to ensure graduation. This agreement also provides for special services working with 7th and 8th graders to prepare them for college. Public Health has a staff person (nurse) co-located with DSS. This Public Health Nurse, DSS staff and BHS staff all collaborate on CWS cases for coordinated services. Currently both DSS and BHS are in the process of developing a WRAP services/contract with Families First. These meetings will be occurring until the contract is approved by the Board of Supervisors and for continuing coordination of Katie A. services through the contractor.	
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	There is a Memorandum of Understanding (MOU) between DSS and BHS which outlines the services to be provided to CW children who need BH services. This Memorandum includes the provision of drivers so access to BH services is easier for CWS/BHS service recipients to access BH services. Services include therapeutic services as well as case management. This MOU also includes Public Health. There is a Public Health Nurse co-located at DSS which provides information, referrals, coordination of services, etc., for CWS children. In addition to these monthly meetings, there continues to be meetings between BHS and DSS re: treatment services for CWS youth. Care is coordinated during these client specific meetings. These meetings, may at times, include the attorneys for the youth, DSS, caregivers, etc., as appropriate. In addition to the weekly meetings, there are Interagency Placement meetings and Therapeutic Behavioral Services (TBS) meetings to coordinate services for CWS youth. These meetings include other agencies such as Probation, as appropriate. DSS has specific language in each of the court orders for services which allows BHS, DSS, Public Health and other agencies which provides consent for services and releases of confidentiality. Currently, DSS has trained BHS supervisors and senior managers in Team Decision Making (TDM) and BHS has offered to train DSS staff in the evidenced based Mental Health First Aid, Mental Health First Aid for individuals working with youth, different suicide intervention trainings and offers evidenced based Parenting	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	Classes for free to the community in English and Spanish. There are monthly management meetings between Department of Social Services (DSS), Public Health (PH) and Behavioral Health Services (BHS) centered on the provision of services to open Child Welfare Services (CWS) clients. These monthly meetings include the Director, Assistant Directors and other senior managers in addition to the supervisor of the BHS mental health/CW services program. These monthly meetings have occurred for the past decade. In addition to the management meetings to work on any issues re: policies, procedures, access to services, etc., there are weekly meetings between the CW staff (including supervisors) and the BHS staff for client staffing. DSS has stakeholder meetings to gain feedback about practices and services. There is also a foster children stakeholder group for specific feedback from this specialized population. Public Health has a staff person (nurse) co-located with. This Public Health Nurse, DSS staff and BHS staff all collaborate on CWS cases for coordinated services. Currently we do not have an information system that support sharing of child welfare and mental health data. We would like technical assistance in this area.	
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	For at least the past decade, all CWS children have been screened using the MHST and referred to BHS. BHS will assess, as appropriate, any CWS child needing services for possible mental health needs. Policies are in place that supports an effective referral process and linkage to services in multiple systems. There are processes and supports in place to recruit, hire, and train personnel as budgets permit. The County has its Civil Services and Merit System services processes for recruitment and hiring of staff. DSS has a contract with UC Davis for training. They are also involved in regional training for core services and supervision. BHS could use additional specific training for all staff providing services to youth, on evidenced based practices. There is a Memorandum of Understanding (MOU) between DSS, Public Health and BHS which outlines the services to be provided to CW children who need BH services. This Memorandum includes the provision of drivers so access to BH services is easier for CWS/BHS service recipients. Services also include therapeutic services as well as case management. There is a Public Health Nurse co-located at DSS which provides information, referrals, coordination of services, etc., for CWS children.	TA is requested on how both BHS and DSS information systems (different computer systems) can share data between those two different operating systems without human intervention and within the boundaries of

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	In addition to this MOU, there are established committees that focus on the needs of children in Madera County that include other stakeholders. These committees meet regularly to improve system services and outcomes for children and their families. These members represent such stakeholders as County Administrative Office, Parents, CASA, Probation, Sheriffs, Public Health, Superior Court as well as the Madera County Office of Education and other local school districts, law enforcement, hospitals, etc. Some of these committees are; Madera Interagency Council for Children And Youth Services Big Brothers/Big Sisters Child Abuse Prevention Council California Youth Connection Court Resource Meeting Indian Child Welfare Act (ICWA) Suspected Child Abuse and Neglect (SCAN)Team Child Death Review Meeting Child Forensic Interview Team (CFIT) Love Madera, etc. DSS has stakeholder meetings to gain feedback about practices and services. There is also a foster children stakeholder group for specific feedback from this specialized population. BHS has its own stakeholder process as required by legislation. This stakeholder process requests feedback from providers, recipients of services, the community, etc. There is a sufficient child welfare workforce in place, as funds dictate. There is an adequate network of qualified mental health service providers available, as funds dictate. However, additional funds to serve this population would be most welcome for rescreening all CWS Katie A class and to provide additional services to Katie A subclass youth. Additional funds for support staff, computer services, run reports, etc. are necessary to comply with the mandated reports. Administrative processes and organizational infrastructure are sufficient to meet business and procurement needs, as funds dictate.	laws regarding confidentiality.

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or 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.*	DSS assess children and families for immediate safety, stabilization, and crisis support needs. DSS staff has been trained in the MHST and has been using it for at least the past decade as part of the referral process for mental health services. BHS then assesses the children to see who needs to have mental health services and provides collateral services to family members, caregivers, etc., as necessary. Services are tailored to meet specific, individual needs and build on individual strengths. Services are community-based, delivered in the least restrictive environment, and in the child and family's own language. Staff has been trained in evidenced-based practices. However, additional training is always welcome. Currently, DSS has trained BHS supervisors and senior managers in Team Decision Making (TDM) and BHS has offered to train DSS staff in the evidenced based Mental Health First Aid, Mental Health First Aid for individuals working with youth, different suicide intervention trainings and offers evidenced based Parenting Classes for free to the community in English and Spanish.	TA/training requested on training for evidenced based practices with foster youth
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	Currently, DSS has trained BHS supervisors and senior managers in Team Decision Making (TDM) and BHS has offered to train DSS staff in the evidenced based Mental Health First Aid, Mental Health First Aid for individuals working with youth, different suicide intervention trainings and offers evidenced based Parenting Classes for free to the community in English and Spanish. BHS during the past six months has held training in mental health stigma and discrimination for CWS staff. DSS has stakeholder meetings to gain feedback about practices and services. There is also a foster children stakeholder group for specific feedback from this specialized population. BHS has its own stakeholder process as required by legislation. This stakeholder process requests feedback from providers, recipients of services, the community, etc. DSS has stakeholder meetings to gain feedback about practices and services. There is also a foster children stakeholder group for specific feedback from this specialized population. There are foster children who have received Independent Living Skills classes who are part of the stakeholder process in evaluating existing services, what services should be offered, etc. BHS has its own stakeholder process as required by legislation. This stakeholder process requests feedback from providers, recipients of services, the community, etc. Training and written information is available for families in order to support their role as informed decision makers through the Team Decision Making process.	TA is requested on Quality Indicators and BHS would like additional TA/training on increasing participation in stakeholder processes. DSS is requesting training on peer support networks.

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	Families are involved in defining, selecting, and measuring quality indicators of services and programs through their involvement in the Team Decision Making process/Safety Mapping and their participation in developing the case plan.	
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	The cultural identity of children and families is valued, and reflected in service planning and delivery. Staffs, in both Departments, reflect diversity and language capabilities which represent the County of Madera. Staffs from both Departments are respectful of cultural differences in customs and beliefs. Training is provided to staff regarding diversity and culturally competent practices. Published materials such as informational brochures and forms are translated into languages that reflect the diversity of the local community. Children and families have access to services delivered in their own language. Madera County is a small rural county with no BHS or DSS Community Based Organizations (CBO's). Both Departments partner with local resources and other County Departments including schools, etc., to ensure programs and services are culturally appropriate to meet the community needs. DSS service plans are translated into the family's native language and discussed to ensure understanding.	BHS is requesting training on the culture of children being in the CWS.
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	Both DSS and BHS have a defined process that includes participation of families, direct service providers, agency staff. DSS convened focus groups and stakeholders meetings to evaluate services and identify unmet needs within the community. DSS will continue having stakeholders meetings annually to discuss identified needs and develop strategies to measure programs. DSS utilizes pre and post-tests to evaluate parental knowledge and growth in parenting classes. Client satisfaction surveys are also utilized. Data collection occurs for measures of administrative, fiscal, program, service, and individual child and family outcomes. DSS utilizes Safe Measure's and U.C. Berkley for data collection and outcome measures. DSS recently began using Efforts to Outcomes to track Team Decision Making data. Data collection relates to process indicators, functional outcomes for children and families, satisfaction surveys from children and families, and fiscal measures.	TA is requested on Quality Indicators and BHS would like additional TA/training on increasing participation in stakeholder processes. DSS would like training on performance based contracting.

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	Both DSS and BHS have a basic understanding of what needs to be funded and what the approximate cost will be. Fiscal agreements between both Departments include the commitment of funds to support the needs of children, youth, and families. Both Departments track expenses for the cost of mental health services for children and youth in the CW system. Both Departments utilize multiple funding streams to support the mental health needs of children and youth in the CW system including Child Welfare dollars, Mental Health Services Act funds, Mental Health Realignment Funds, Medi-Cal, etc. DSS staff receives training on the time study process, although with no regular frequency. However, prior to each time study month, new codes and their descriptions are distributed to staff. Both Departments' collaborative projects include fiscal expertise.	DSS would like training on cross-system fiscal strategies and funding requirements. DSS would also like training on how to blend funds to maximize resources to meet the needs of children and families.