

County: Marin

Date: 4/29/14

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:	Debi Moss/Chua Chao				
Title:	Child Welfare Director/Program Manager				
Agency Name:	Marin County Children and Family Services				
Address:	3250 Kerner Blvd.				
City:	San Rafael	State:	CA	Zip Code:	94901
Phone:	415-473-1725/5048	E-mail:	dmoss@marincounty.org/cchao@marincounty.org		

Name and Contact Information County Mental Health Department Representative					
Name:	Ann Pring				
Title:	Program Manager II				
Agency Name:	Mental Health and Substance Use Services				
Address:	3230 Kerner Blvd.				
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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	32	Determination made using old criteria
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	5	
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	Child resides out of county. Marin will work with resident county mental health to complete assessment and provide ICC and IHBS services if child meets criteria by June 1, 2014.
4	Potential subclass members who were unknown to the MHP during the reporting period.	2	Due to miscommunication on child welfare side, one youth in a group home was not referred and one youth residing in an FFA home out of county was not referred for Katie A. consideration. Both children have been referred as of the date of this report.

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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	25	
2	Receiving Intensive Care Coordination (ICC).	18	
3	Receiving Intensive Home Based Services (IHBS).	10	
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	Parent declined full Katie A. services but family is receiving specialty mental health services through the county. These children are siblings.
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>	1	Child served by ITFC provider.
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.	7	2 youth are counted in #4 above

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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 st	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. This projection reflects anticipated referrals due to new cases opened during the next reporting period as well as children being referred for assessment based on the additional criterion.
1 (b)	IHBS	18	

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.

We are not currently experiencing any challenges identified above.

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Reporting Period: September 1, 2013-February 28, 2014

Date Completed: 4/29/14

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)
<p>Agency Leadership <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<p>Key leadership staff from CWS, Mental Health, Wrap provider, and Bay Area Academy meet regularly to review systems barriers and related issues to ensure full collaboration. In addition, our first meeting with stakeholders and community partners (mental health staff, social workers, youth, parents, foster parents, FFA staff, school personnel, and others) occurred on 2/14/14 and this group will be meeting quarterly to offer input on service delivery and collaboration.</p>	
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Marin CFS has two full time mental health liaisons who oversee the referral of potential subclass members to Mental Health for assessment and follow-up. They are in constant communication with Mental Health supervisors, clinicians, and social workers to ensure smooth on-going communication between both systems and troubleshoot problems when they occur.</p>	
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>CFS has a process in place to screen all children with an open CWS case and complete referrals to Mental Health for subclass consideration. Mental Health has a team of clinicians who are prepared to serve as ICC as well as complete assessments and coordinate necessary services to subclass members. Mental Health works closely with our Wrap provider, Seneca, to provide services to children who are in our SB163 Wrap program. Mental Health staff provides biweekly updates on the status of all children referred for assessment and well as their subclass membership status.</p>	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>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></p>	<p>CFS and Mental Health, in conjunction with our contractors, such as Seneca Wrap and Youth Pilot Project (YPP), and community partners, have the capacity to provide an array of services, including individual, family, and group therapy, therapeutic behavioral services, parent-child interaction therapy, intensive treatment foster care, residential treatment, and trauma focused cognitive behavioral therapy. All of these services are provided in both English and Spanish. In addition, Family Partners with live experience provide support and coaching as appropriate in both Spanish and English.</p>	
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>The services available are family centered and capitalize on the strengths of the child and family with the parent/Family Partner and CWS working collaboratively. Families receive an orientation to the process and the available services. Their active participation is expected and encouraged in the process itself and in team decisions addressing the child and family needs. The model of the Family Partner, a long standing Marin County practice, supports the voice of the family in an ongoing dialogue between child, family and providers.</p>	
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>CFS and Mental Health have staff to meet the cultural and language needs of Spanish speaking families in Marin. Both agencies as well as our contract providers will continue to enhance our recruitment strategies to hire staff that reflect the cultural needs of our African American families as well as other cultural groups. In order to better serve the rural communities of West Marin, we have a multi-service team located in West Marin.</p>	
<p>Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i></p>	<p>CFS fully utilizes the CWS/CMS functionality for entering data on mental health services provided to youth. CFS will explore the use of Business Objects reports to help track mental health services to youth overtime.</p>	
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>Marin is able to meet the mental health needs of children served by CWS. Our Wrap provider, Seneca, provides ICC and IHBS services to subclass members who are already in the SB163 Wrap program, avoiding duplication of services and allowing county mental health staff and Family Partners to serve other subclass youth who are not served by Wrap with a full array of services. Mental Health is currently hiring a bilingual Mental Health staff in anticipation of potential increase in the number of subclass members, which brings our bilingual capacity to close to half of our staff.</p>	