County: Mendocino **Date: September 30, 2014**

October 1st Submission (March 1st through August 31st Reporting Period)

Name and Contact Information County Child Welfare Department Representative					
Name:	Jena Conner, MSW				
Title:	Deputy Director				
Agency Name:	Health & Human Services Agency / Social Services				
Address:	727 S. State St. / P.O. Box 839				
City:	Ukiah	State:	CA	Zip Code:	95482
Phone:	(707) 463-7971	E-mail:	connerj@co.mendocino.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Jenine Miller, PsyD				
Title:	Deputy Director				
Agency Name:	Health & Human Services Agency / Behavioral Health & Recovery Services				
Address:	1120 S. Dora St.				
City:	Ukiah	State:	CA	Zip Code:	95482
Phone:	(707) 472-2341	E-mail:	millerje@co.mendocino.ca.us		

County: Mendocino **Date: September 29, 2014**

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	219	This number is based on an unduplicated count of the number of children during this report period who had an open child welfare services case, had full scope Medi-Cal and received any mental health services (13), Wraparound or specialized care rate (40), were placed in group home RCL 10 or above (9), were placed in psychiatric hospital (0), or who experienced 3 or more placements in the prior 24 months (157). These numbers were calculated by a listing developed by Child Welfare Services which was then sent to the Behavioral Health & Recovery Services (Mental Health) Department and contracted Mental Health management company so they could review the list to identify all children who received mental health services. The numbers were then returned to CWS in order to track and calculate the number of potential subclass class members. The list was then sorted based on the services identified by both CWS and Mental Health to identify numbers in the following categories (2-4 in part A and 1-8 in part B).
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	32	These children were assessed by a mental health professional and determined not to meet the criteria for Katie A subclass specialty mental health services. However, they are receiving individual therapy services.

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.	6	These 6 children were known to Mental Health during this report period and were awaiting assessment to determine medical necessity criteria for SMHS.
4	Potential subclass members who were unknown to the MHP during the reporting period.	61	These children were unknown to Mental Health or to the Mental Health providers during this report period as they were either not screened to determine the need for a mental health assessment or they were screened, but the results of the screening did not warrant a referral for a mental health assessment.

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	120 (91 not in group homes)	This number includes 29 children who were placed in group homes during the entire time of this reporting period and were not eligible to receive ICC or IHBS services during this report period.
2	Receiving Intensive Care Coordination (ICC).	58	County Mental Health, Child Welfare Services and Mental Health community providers continued to make efforts to identify ICC coordinators for all subclass members. Staffing shortages continued to be a barrier toward accomplishing the goal of having ICC coordinators assigned to 100% of the subclass members not in group homes.
3	Receiving Intensive Home Based Services (IHBS).	48	This excludes 7 of the subclass members who received TBS services instead of IHBS services during this reporting period.

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	All of our Child Welfare Services wraparound cases transitioned to claiming ICC and IHBS.
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*	60	This includes 29 children in group homes who were not eligible for ICC or IHBS during this report period, but were receiving other SMHS, 7 children who received TBS but not IHBS, 5 children who were placed in Intensive Treatment Foster Care or Multidimensional Treatment Foster Care, and 19 children who received other specialty mental health services but not ICC or IHBS.
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.	2	1 youth declined all mental health services and 1 youth declined ICC and IHBS but received other SMHS and is counted in #5.

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	During this report period, ICC was provided to 58 out of the 91 children/youth eligible to receive ICC (64%). We hope to be able to serve at least 85% of the eligible subclass by February 28, 2015, which would be approximately 20 additional children/youth.	The plan in Mendocino County has been for County Mental Health clinicians to provide ICC to all eligible subclass members except those placed in Intensive Treatment Foster Care or Multidimensional Treatment Foster Care. Foster Family Agency Mental Health staff serve as the ICC coordinators for children/youth placed in ITFC or MTFCs. During this report period, we attempted to continue to use the process we identified in the original progress report with the County Mental Health staff assigned to CWS conducting all screenings and initial mental health assessments of children and youth. However, due to continued Mental Health staffing shortages and the need for the Mental Health staff to provide the ICC and IHBS services to subclass members, we fell behind in screening children/youth with open CWS cases and assessing those who warranted mental health assessments. We finally hired an additional clinician who started work on 9/15/14 so we now have 5 County Mental Health clinicians countywide to serve as ICC coordinators. However, our goal is to have a total of 10 County Mental Health clinicians assigned to CWS, so we are actively recruiting 5 more clinicians. In addition, we determined it would be more efficient to have the CWS social workers conduct screenings and the community mental health providers conduct all mental health assessments, which will allow the County Mental Health clinicians to spend all of their time solely providing ICC. This will increase the number of subclass children we are able to serve. All CWS social workers have been trained on our mental health screening process and this new process will begin on October 1, 2014. Mendocino County Mental Health/Child Welfare Services continues to work closely with our community mental health providers to ensure subclass members who are not in group homes are receiving appropriate mental health services, including ICC and IHBS. It should be noted there is a delay both with County Mental Health and community mental health providers from the time services are provided to when the actual claiming/billing to the State occurs.
1 (b)	IHBS	During this reporting period, IHBS was provided to 48 out of 91 children/youth eligible to receive IHBS (53%). We hope to be able to serve at least 75% of the eligible subclass by February	County Mental Health rehab specialists provide IHBS to children/youth who are in the wraparound program. The community mental health providers are responsible for providing IHBS rehab services to the remainder of the subclass for which IHBS services are medically necessary, including those children/youth placed in ITFC or MTFC homes or other settings except group homes.

		28, 2015, which would be approximately 20 additional children/youth.	

Is your county experiencing the following implementation barriers?

Hiring	Yes	
Training	Yes	
Service Availability	Yes	
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.

Hiring and Service Availability:

To ensure all subclass eligible children/youth in open child welfare service cases receive ICC, Mendocino County Mental Health/Child Welfare Services has planned to be the primary provider of the ICC, with the community mental health providers providing ICC to their MTFC and ITFC foster placements. The County plans to be the primary provider of the IHBS services for children/youth in the Wraparound program and the community mental health providers provide IHBS to all other eligible children. However, in order to meet this need, the County has been attempting to fill 6 Mental Health clinician vacancies and 1 rehab specialist vacancy. During this report period, County Mental Health/Child Welfare Services had a total of four clinicians to serve as ICC coordinators and Child and Family Team facilitators for eligible children/youth county wide and six mental health rehab specialists, one of whom retired at the end of May 2014, to provide IHBS for eligible children/youth countywide. This has not been a sufficient number of staff to provide the ICC and IHBS services to all eligible children. As previously noted, we did hire another clinician who started on 9/15/14, giving us a total of 5 clinicians. We are still trying to fill the remaining 5 clinician positions and 1 rehab specialist position.

Training:

Mendocino County Mental Health/Child Welfare services has identified staff training as a significant need. We have developed an intensive training program for staff from September 16, 2014 to November 5, 2014 including- screening, assessments, client plans, chart requirements, Medi-Cal billing requirements, opening and closing paperwork required for Medi-Cal, roles of ICC and IHBS providers, two days of team building and three days of Wraparound training by UC Davis. During this report period, county staff attended trainings offered by the State regarding Katie A and also attended the Partnership for Well Being Institute conference in June 2014. Training announcements from the State and the Northern Regional Learning Collaborative are regularly shared with our community mental health partners to encourage participation. In addition, our community mental health partners are part of the county's team for the Katie A. Learning Collaborative and participate regularly in the state and regional convenings as well as local weekly and monthly meetings.

County: MENDOCINO **Reporting Period: March 1, 2014 to August 31, 2014** **Date Completed: September 30, 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.*	Since our 2nd Katie A. Semi Annual Progress Report dated April 29, 2014 the CWS Deputy Director and Program Manager for the Katie A/Wraparound program continue to attend and participate in weekly meetings with the contracted community mental health providers (Multi-Agency Children's Coalition) to review progress and barriers in Katie A. implementation. Concerns and barriers affecting access and quality of services are reviewed weekly to determine strategies to best alleviate the barriers and efficiently provide the individualized services needed. Because of these weekly meetings, the need to develop a new screening process was identified. A new process has been developed, social workers have been trained and this new process will begin on October 1, 2014. In addition we continue to hold monthly Katie A. meetings with agency staff and community mental health providers to ensure the program is remaining on-track fiscally, that Medi-Cal claims are being completed timely and correctly, as well as to discuss program issues. The participants of this meeting include representatives from the Health and Human Services Fiscal Department and Quality Assurance Department, CWS Deputy Director, Program Manager and Social Worker Supervisor and community mental health providers. Further, the CWS Deputy Director, Program Manager and Social Worker Supervisor meet regularly with the HHSA Behavioral Health & Recovery Services (Mental Health) Deputy Director and Quality Assurance Program Manager to discuss Medi-Cal compliance and clinical program issues. Though we have not yet included families in the cross-systems problem solving or in the oversight and quality improvement activities, we have integrated family surveys and questionnaires in order to be informed as to how we can improve.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	In our last progress report we reported the "collaboration between Child Welfare Services and Mental Health continue to work together to provide rapid and intensive services to children and families involved in the child welfare system". During this reporting period there have been difficulties in making sure that intensive services are provided to children and families in a timely manner. This has been primarily due to screening children at the front end of Child Welfare Services by our in-house Mental Health clinicians. The Child Welfare Services Deputy Director, Mental Health Deputy Director and the directors of the community mental health providers met to develop a more rapid screening process that would ensure screenings are done timely and would free up our in-house Mental Health clinicians from doing screenings and assessments so they can provide ICC to more sub-class eligible children/youth. This new screening process that will now be done by CWS Social Workers will begin on October 1, 2014. Depending on the rating outcome of the screening, the child/youth will be referred directly to the community mental health providers for assessment. During this report period, the Child Welfare Services and Mental Health Deputy Directors identified significant training was needed for staff. A comprehensive training plan was developed and is taking place from September 16, 2014 to November 5, 2014, including 3 days of Wraparound training provided by UC Davis. Community mental health providers have been invited to the Wraparound training. We continue to utilize the Safety Organized Practice (SOP) approach when beginning the Wraparound process with the identified sub-class families who meet the criteria for our Wrap program. This initial child family team meeting establishes clear and specific harm and danger statements in which to work towards a goal of safety. These meetings are attended by the family and their supports, the Wrap team facilitator, who is the identified ICC coordinator and a licensed Mental Health clinician, the Rehab Specialist who provides IHBS, the parent partner, and the Child Welfare Services worker. If a community mental health provider is already working with the child/youth, they are invited as well. The meeting is facilitated by a trained SOP Child Welfare staff. Mendocino County continues to participate in the Northern California Katie A. Learning Collaborative. This learning collaborative continues to provide information, trainings, technical assistance and opportunities for networking which benefits the ability and knowledge base of Mendocino County in its implementation of the Katie A. lawsuit requirements. Both County Child Welfare Services and Mental Health representatives participate in the learning collaborative as well as representatives from the community mental health providers. In the last report we indicated that the Katie A. Wrap around unit was co-supervised by a Mental	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	Health clinical supervisor and Child Welfare Services social worker supervisor. During this report period, the two Mental Health clinical supervisor positions became vacant and we are in the process of recruiting to fill these positions. In the meantime, the Mental Health clinical services manager and the Mental Health deputy director are providing supervision and direction to the Mental Health staff. We have continued to utilize point persons from Child Welfare Services and the community mental health providers, which has been of great value in aiding information sharing between the agencies. Information sharing about process and practices continues to take place at the weekly Multi-Agency Children's Coalition meetings and the monthly Katie A meetings. As noted under Agency Leadership, meetings occur frequently and regularly to share information and receive feedback at the practice, program, and system level in order to problem solve and enhance success.	
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	In our last progress report, we identified our screening and assessment process, which we had hoped would ensure all CWS children/youth were screened within two business days of the case opening and annually thereafter. However, that process was not as successful as we had hoped. We therefore assigned a dedicated staff person to complete the mental health screenings and CANS on all newly opened cases. Even this strategy has proven to be difficult in order to complete the screening process within two working days. Therefore, we revamped the screening process and will begin having social workers conduct the screenings on their own cases within 30 days of the case opening and annually thereafter. This process will begin October 1, 2014. CWS and Mental Health developed standardized forms for the social workers to use with a clear decision tree so social workers know when they must send a referral to the community mental health providers for a mental health assessment. In the last progress report, it was stated that the social work supervisor will oversee the tracking system. However, due to the demanding nature of tracking of screenings, assessments, and services provided to children a full-time program specialist from Child Welfare Services has been assigned to this task. This has freed the social work supervisor to be available to perform supervisory tasks and duties needed for the Wrap program. The tracking system allows us to track the following: children's names, birthdates, the date the CWS case was opened, whether the child has full-scope medi-cal, where the child is placed, dates of mental health screenings, date the next screening is due, date referral sent to the community mental health providers, Katie A. subclass eligibility status, changes to Katie A. subclass eligibility status, reasons why the child meets the Katie A. subclass, the reason the child is not receiving services, the assigned community mental health provider	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	(therapist), the assigned Intensive Care Coordinator, ICC authorization dates, date ICC began or declined, date ICC ended, date IHBS began or was declined, date IHBS ended, and children with three or more placements. In order to compile all of this information, this demonstrates a strong collaboration between all working parts of the Child Welfare and Behavioral Health (Mental Health) systems. o The tracking process begins by the social worker sending a completed Mental Health Screening tool to the tracking program specialist within thirty days of the Child Welfare case being opened. This provides the tracking program specialist with the child's name, date of birth, whether the child has full scope medi-cal, date the CWS case was opened, and the therapist if already assigned. The community mental health provider will either refer the child/youth to their primary care physician if child/youth only has low level needs, or will assign the referral to a community mental health provider for a full mental health assessment. o After the community mental health provider completes a full mental health assessment, a Mental Health Assessment Decision Response form is sent to the tracking program specialist to record whether or not the child meets the Katie A. subclass, and reasons why the child meets the Katie A. subclass. The next screening date is calculated based on whether or not the child meets the subclass, and entered into the tracking system. This form also indicates the assigned community provider therapist, the Agency involved, and the services to be offered so that these items can be tracked. o Weekly, the tracking program specialist provides a list of all Katie A. Subclass children to the community mental health providers meeting in order for the providers to identify which mental health cases have been closed, the assigned mental health therapist, whether an ICC coordinator has been assigned, the date ICC began and ended and the date IHBS began and ended. This also allows CWS to ensure the community mental health providers are informed when a CWS case has been closed or the child/youth no longer meets the subclass criteria. o Monthly the Wraparound Staff Assistant and the supervisor of foster care eligibility provide the tracking program specialist with a list of all current Wraparound cases, which indicates the ICC coordinator for each child in Wraparound, as well as children/youth who are placed in Intensive Treatment Foster Care or Multi-Dimensional Treatment Foster Care homes. For children placed in ITFC or MTFC homes with the two FFAs that provide these services in our county, the FFA mental health staff provide the ICC for those children/youth. o The tracking specialist pulls a list of all children in the Child Welfare System from CWS/CMS database who have had three or more placements on a monthly basis, and records all change of placement dates.	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	If, during the life of a case, a child who did not seem to require mental health services initially, begins to demonstrate behaviors which would indicate mental health concerns, the social worker will complete the Mendocino County Mental Health Screening Tool and send it to the community mental health providers for an assessment. Once a child is identified as meeting the Katie A. subclass, ICC services will be provided by the community mental health providers when the child is in an Intensive Treatment Foster Care or Multi-Dimensional Treatment Foster Care placement. ICC is provided by the Katie A/Wrap team at Child Welfare Services if the child is approved for Wraparound services or are in placement other than in ITFC or MTFC homes. Children who remain Katie A. subclass eligible after the Wraparound case has closed maintain their same ICC coordinator. Due to County staff shortages, the community mental health providers are assisting in providing ICC for those children who are not in Wraparound or ITFC/MTFC homes, but are subclass eligible. It is our goal to ensure all subclass eligible children who are not in group home placements have an identified ICC as soon as possible. We have identified our formal Wraparound slots for children/youth in open child welfare services cases that meet the Katie A. subclass but who are able to remain at home with a parent. However, the Katie A. Core Practice Model is fully implemented with those families. A Child Welfare Services/Mental Health clinician serves as the Child and Family Team facilitator and ICC coordinator and a mental health rehab specialist provides IHBS services. A community mental health provider provides any other additional mental health services such as individual and/or family therapy, group rehab, etc. We use the same Wraparound/Katie A. Core Practice Model service delivery and Mental Health staff with children/youth who meet the subclass but are in-out-of home placement, although we do not use a formal wraparound slot. During this reporting period we have utilized and encouraged attendance at all trainings pertaining to Katie A., Wraparound, Core Practice Model and Safety Organized Practice facilitation in order to enhance the skill sets and abilities of staff working with children and families with specialty mental health needs. Areas we continue to struggle with are having a sufficient child welfare workforce in place and having an adequate number of qualified mental health service providers throughout the county.	
Service Array *Available services are culturally responsive and*	Children/youth and families continue to be assessed for immediate safety, stabilization and crisis support needs, and services are tailored to meet specific individual needs and build on	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions.	individual strengths. Services are community based and support the family's transition to community, independence and the adult system of care. In addition, cultural practices, services and supports are explored with the family to determine what will best meet the family's needs. Services provided by Child Welfare Services, Mental Health and community mental health providers include Trauma-Informed Practices. Child Welfare Services staff and community partners are able to provide Positive Parenting Program (Triple P), an evidence-based parenting training. Community mental health providers are also able to provide Parent Child Interactive Therapy (PCIT) evidence-based parenting training when age appropriate. Community mental health providers also offer Cognitive Behavioral Therapy and Trauma Focused Cognitive Behavioral Therapy. We are still working on expanding our Wraparound program in order to provide services to all subclass children in a timely manner. Being fully staffed will enable us to do this.	
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	We continue to implement the process outlined in the prior progress report as follows- when a child or youth has been determined to meet the Katie A subclass, the child/family has been approved for participation in the Wraparound Program and the family is agreeable to participating in the Wraparound program, the following process occurs: o The assigned Child Welfare Services clinician and the social worker meet together with the child and family to discuss the family support systems and who the family might want to be on their Child and Family Team (CFT). o The Child Welfare Services clinician/Intensive Care Coordinator (ICC) and social worker discuss with the child and family the values and principles of the Core Practice Model, the Mendocino County Wraparound program, privacy and confidentiality issues and obtain a release of information. o A Safety Organized Practice family mapping is scheduled and held prior to the start of Child and Family Team meetings, if a safety mapping has not occurred in the past 30 days. o The Child and Family team includes at a minimum, the Child Welfare Services social worker, clinician (ICC coordinator), legal caretaker (parent, legal guardian or foster parent), a parent partner, and mental health service providers (therapist and rehabilitation specialist). It is expected that each of these team members be present at the Child and Family Team meetings.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	o Once Child and Family team members have been identified, the social worker, therapist, and ICC coordinator work together with the child, family and the team members to determine a meeting scheduled and develop a coordinated family plan using the Wraparound meeting process. This process focuses on the worries that led to Child Welfare Services intervention and address the child's mental health needs, the strengths of the family (What's Working?), and the action steps that need to happen next (Action Plan). ▪ The composition and frequency of meetings will be based on the child and family's needs and desires, but likely meet a minimum of once per week initially with a structured, formal, facilitated meeting. Families are involved and have decision-making power in the planning, delivery and evaluation of the services and supports provided to them. The Katie A./Wrap Unit has designed and offers activities, outings, and events to youth and families involved in the Wraparound program in order to provide an opportunity for families to network, socialize, and have an opportunity for team building among their family unit and natural supports. It also offers children/youth a chance to practice healthy relationships and improve social skills. These activities occur during school holidays and over summer vacations and this year included- roller skating, bowling, botanical gardens trip, picnics, water park trips, and an Oakland A's Game. We have not yet developed an on-going community stakeholder process for children and families to participate which is specific to Katie A. Although, the Mental Health department and the community mental health providers hold regular public forms for the community to provide feedback on mental health services. In addition, through the child and family team meetings, children and families have multiple opportunities to share feedback about the quality and effectiveness about the services they are being provided. Further, we have developed a Katie A. specific survey and have elicited feedback from clients to help improve our program. As noted under Services Array, services are tailored to meet individual child and family needs and reflect the child and family values, culture and practices. Our Child Welfare Services parent partners serve as peer support for caregivers and at this time, we have one Youth Support Group which serves as a peer support group for children and youth who are newly involved with Child Welfare Services. We also have Intake Support	

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	Groups and Family Empowerment Groups offered countywide, which serves as a peer support group for parents who are involved with Child Welfare Services.	
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Staff are able to work effectively in cross-cultural settings. Our Wraparound program, which is the program used to implement Katie A Services, is a diverse unit which values and respects the cultural identity of children and families and cultural differences in customs and beliefs. One of our parent Partners and one of our Clinical Facilitators/Intensive Care Coordinators are fluent in Spanish which enables us to serve the Spanish-speaking population. In addition, the community based organizational providers also have Spanish speaking staff which allows for the provision of direct mental health services to that population. The Child Welfare Services lobby contains posters, flyers, and brochures in both English and Spanish. All forms and communications to children and families are provided in either English or Spanish including case plans, surveys, and court-mandated classes. Every effort is made to provide services in the language of the family's preference. The Health and Human Services Agency, which Child Welfare Service and Mental Health are a part of, provides yearly opportunities for diversity and cultural competency trainings.	N
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	Child Welfare Services and Mental Health Leadership attend Continuous Quality Improvement (CQI) trainings and informational conferences. Child Welfare Services and Mental Health have representatives that sit on a weekly Quality Improvement/Quality Management committee to oversee the effective and efficient access to services. Internal audits are also performed on a regular basis by the County Mental Health Quality Assurance staff to ensure adherence to all Medi-Cal regulations. At this time, we have been using the Child and Adolescent Needs and Strengths (CANS) tool to measure a child/youth's progress. The child/youth's therapist completes the CANS every six months. Per the last report, we indicated that tracking had significant challenges; however, with the assignment of a single, full-time program specialist for tracking, the challenges have decreased. Although challenges still arise, we feel more confident in finding and recording the needed data. In addition, an MOU was recently developed to allow CWS Quality Assurance staff to review Mental Health charts for the children/youth in which ICC and/or IHBS is being provided by County Mental Health staff to review the fidelity of the program and services being provided to the Katie A Core Practice Model. These reviews will begin during the next progress report	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	period.	
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	Mendocino County is working toward determining the costs of implementing Katie A. Through our Wraparound funds, we are able to ensure funds are in place to support the needs of children, youth and families. Mendocino County Mental Health is able to track expenses for the cost of mental health services for children and youth in the Child Welfare System including mental health services provided by County Mental Health staff reassigned to Child Welfare Services and the community mental health providers. Multiple funding streams including Medi-Cal EPSDT, Realignment and Wraparound funding are being utilized to support the mental health needs of the children and youth in the Child Welfare System. Since early 2013, Fiscal staff have been involved in the roll out of our Katie A program including attending inter-department meetings as well as meetings with community based mental health providers. In addition, the fiscal staff are also part of the state and regional teams for the Katie A. Learning Collaborative.	N