

County: MERCED

Date: JUNE 11, 2014

- 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:	Baljit Gill				
Title:	Program Administrator				
Agency Name:	Merced				
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Name and Contact Information County Mental Health Department Representative					
Name:	Betty Hoskins, LCSW				
Title:	Program Manager				
Agency Name:	Merced				
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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	1202	Current Child Welfare Caseload during the dates specified.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	53	These youth were assessed by mental health and determined to not meet medical necessity. Some were referred to other resources in the community.
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.	883	This number represents youth that were in open child welfare cases but did not receive a screening for mental health during the reporting period.
4	Potential subclass members who were unknown to the MHP during the reporting period.	0	All youth that came into the system or had an open child welfare case and were screened were initially sent to mental health for assessment.

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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	341	Total of all categories 2-8.
2	Receiving Intensive Care Coordination (ICC).	53	Number of youth receiving coordination case planning as part of a wraparound program.
3	Receiving Intensive Home Based Services (IHBS).	53	Number of youth receiving in-home behavioral services as part of a wraparound program.
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>	203	Number of youth assigned to a specialty mental health clinician who provides specialty mental health services.
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>	25	Number of youth receiving ITFC or TBS services during the specified time period. Services for TBS are provided with two contract providers at this time.
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).	4	Number of youth receiving mental health services as part of a level 10 or above group home treatment program that are not assigned a mental health clinician to coordinate treatment services.
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	Still need to screen and assessing youth with an SCI or who have had 3 or more placements in 24 months due to behavior.
8	Declined to receive ICC or IHBS.	3	Number of youth who live with families who declined wraparound

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			services and other similar specialty mental health services.
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PART C: Projected Services

Item #	Service	Projected number of subclass members to be receiving services by August 31 st	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	175	All group home youth, ITFC and TBS youth are currently assigned a Mental Health Clinician through the Youth Specialty Services caseload. There are currently 47 youth in a group home placement who may possibly transition to a lower level of care with ICC and IHBS services. There are 25 youth receiving ITFC or TBS services. Additionally, it is anticipated, based on pilot efforts, that approximately 65% of youth with a newly opened Child Welfare case will meet screening criteria for a Mental Health Assessment. Those Assessments will be completed within 30 days of case opening. All youth in an open Child Welfare case are currently in the process of receiving a Mental Health Screening by the assigned Child Welfare Social Worker. All screenings will be completed by October 1, 2014. Mental Health assessments for youth who have met criteria for possible sub-class inclusion at screening are being completed by Mental Health Clinicians on an on-going basis to determine which youth meet medical necessity for services.
1 (b)	IHBS	150	Implementation is being rolled out by teams over the next 3 months due to resource availability. It is anticipated that these youth will be assessed by October 1, 2014. Priority screenings and assessments are being done for youth who have been identified as high risk with more than 3 placements in 24 months or who have been at risk for hospitalization or have been hospitalized.

Is your county experiencing the following implementation barriers?

Hiring	Yes	
Training		No
Service Availability		No
County Contracting Process		No

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

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

Staffing has been an ongoing issue for Merced County Mental Health (MCMH) in order to complete assessments in a timely manner. MCMH has contracted with one our local providers, Aspiranet to assist with assessments for youth screened. MCHM is also in the process of increasing outpatient services with the contracted provider to assist in ongoing services.

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Reporting Period: September 1st - February 28th

Date Completed: June 11, 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>Agency Leadership <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<p>The leadership at Merced County Human Services Agency, Child Welfare Branch and Merced County Mental Health Department has extensive experience implementing family-centered services in a collaborative setting within the community. Team Leaders from all participating agencies have continued to meet bimonthly to meet the needs of the community.</p>	<p>N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>The Merced County Katie A. implementation team was identified consisting of a Child Welfare Program Administrator and Supervisor, Mental Health Program Managers and Mental Health Clinicians, and Program Directors from our community based organizations. A decision tree was implemented to assist in expediting the referral process for all agencies involved.</p>	<p>N</p>
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>The Katie A. Implementation team continues to meet bimonthly to address administrative capabilities, workforce capacity and available resources in order to meet the parameters of Katie A. A team has been developed with cross placement of specialties to provide more accessibility to timely services. There are currently 4 clinicians working to establish assessments of all youth within the class and subclass criteria.</p>	<p>N</p>
<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>Available services are culturally responsive and are provided in English, Spanish and Hmong as needed. There are assessments, 1:1 therapy, wrap services, TBS, IHBS, ITFC, PCIT, EMDR and Trauma Informed services in addition to other evidence based practices currently being provided. Clinicians meet with the youth in the community setting, at school, the clinic or at home.</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>Several of the current programs utilized such as the wraparound programs, already have a culture of allowing the family to drive the plan that best meets their needs by identifying natural supports. Collaboration with the family to provide strength based family centered services is key to all wraparound programs. We are diligently looking at comfortable ways to engage families to empower them and be proactive within their case plans. We want them to drive their treatment and be successful and continue to develop appropriate programs to meet these goals.</p>	N
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>Available services are culturally responsive and are provided in English, Spanish and Hmong as needed. There are multiple sites where services can be provided such as community, school, clinic and home. Cultural needs are considered and addressed within the family dynamics.</p>	N
<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>The Katie A implementation team is identifying data tracking measures to enable Merced County to engage in on-going process and service delivery evaluation. Additionally, Merced County is working with community based partners to identify a data reporting system consistent with the data fields available in the CWS/CMS system. We have met with other Counties to explore options and to find a way to record the data so that it is easily accessible. This is a work in progress.</p>	N
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>The Katie A. Implementation team continues to meet bimonthly to address current fiscal policies and practices to ensure that they are consistent with the Core Practice Model family-centered principles.</p>	N