

County: Merced

Date: 10/01/2014

- 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:	Laura DeCocker				
Title:	Deputy Director				
Agency Name:	Merced County Human Services Agency				
Address:	2115 W. Wardrobe Ave.				
City:	Merced	State:	CA	Zip Code:	93637
Phone:	209-385-3000	E-mail:	ldecocker@hsa.co.merced.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Betty Hoskins, LCSW				
Title:	CSOC Program Manager				
Agency Name:	Merced County Mental Health				
Address:	P. O. Box 2087				
City:	Merced	State:	CA	Zip Code:	95341
Phone:	209-381-6800	E-mail:	bhoskins@co.merced.ca.us		

County: Merced

Date: 10/01/2014

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	1237	Current open Child Welfare Cases during the dates specified.
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	63	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.	44	All currently screened youth during the time period were referred to Clinicians for medical necessity. The pending referrals do not include 5 from non-Merced County dependents. In addition, the delay is due to difficulty in contacting youth and families to arrange assessments, understaffing and multiple screenings handed over at one time. We are continuing to work on these issues.
4	Potential subclass members who were unknown to the MHP during the reporting period.	835	This number represents the youth that have open Child Welfare Cases but have not received an screening and referral to MHP as of the dates reported. Some of these youth may already be receiving services with other community partners but as of yet, is not reported.

County: Merced

Date: 10/01/2014

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	250	Total of all categories 2-8
2	Receiving Intensive Care Coordination (ICC).	13	Number of youth receiving intensive case coordination case planning as part of a wraparound program.
3	Receiving Intensive Home Based Services (IHBS).	0	Number of youth receiving in-home behavioral services as part of a wraparound program. This number is not a true reflection. Clients are receiving this service but it is not being billed at this time under the code of 57.
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>	131	Number of youth assigned to a specialty mental health clinician who provides specialty mental health services and may be receiving ICC and IHBS but not being reported, claimed or billed as 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). <i>Do not include youth already counted in 2, 3, or 4</i>	24	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).	?	These are untracked at this time. Some youth may be receiving services from private behavioral health providers.
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	82	These youth had open Child Welfare Cases but were screened and had no risk factors identified

County: Merced

Date: 10/01/2014

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

			and were not referred to MHP.
8	Declined to receive ICC or IHBS.	5	Number of youth who live with families who declined wraparound services and other similar specialty mental health services.

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	200	<p>Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.</p> <p>All group home youth, ITFC and TBS youth are currently assigned a Mental Health Clinician through the Youth Specialty Services caseload or other Children’s System of Care team as well as group home youth. 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 screening referral. 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 August 1, 2015. 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. Current MHP caseload is 329. Continued implementation is being rolled out by teams over the next 6 months due to resource availability. It is anticipated that these youth will be assessed by August 1, 2015. Priority screenings and assessments are done for youth who have been identified as high risk with more than 3 placements in 24 months or who have been at risk or hospitalization.</p>

County: Merced

Date: 10/01/2014

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

1 (b)	IHBS	175	The number of youth currently receiving an IHBS service that is billed using the appropriate codes as well as other youth identified for IHBS services as a result of Mental Health assessments completed during the next reporting period. This number includes the 116 that are currently being served but not claimed as ICC or IHBS.
-------	------	-----	--

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 hiring of appropriate staff has been a barrier. Merced County Mental Health and Aspiranet (Community Partner) have partnered to provide Assessments and ongoing mental health services for these youth. County approval for requested additional positions are pending. We are also in the process of increasing outpatient services through our contracted provider to assist in providing ongoing services. We are attempting to reach out to other community providers as well that may be providing some services to these youth to accurately reflect the scope of access of services for Merced County Youth. Merced County Mental Health is also in the process of exploring the feasibility of adding additional clinical staff to the outpatient program in order to better serve the continued growth in Katie A. clients.

County: Merced

Reporting Period: March 1-August 31, 2014

Date Completed: 10/01/2014

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 Division and Merced County Mental Health Department has extensive experience implementing family-centered services in a collaborative setting with other community partners.</p>	<p>No</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>After submitting our Katie A. Plan, Child Welfare and Community Partner Executive Management Staff met on July 30th to discuss next steps regarding implementation. In the meeting, the Merced County Katie A. implementation team was identified consisting of a Child Welfare Program Administrator and Supervisor, Mental Health Program Manager and Mental Health Clinicians, and Program Directors from our community based organizations. Recurring bi-monthly team meetings between Child Welfare, Mental Health, and Service Providers are occurring to provide ongoing review of Katie A. processes and implementation of ICC and IHBS. These meetings also provide for further collaborative efforts between agencies to continue identifying strengths and challenges for sustainability of Katie A. processes. Trainings are being reviewed and developed collaboratively between CWS and MH; multi-agency trainings are anticipated to occur within the next 6 months to fully train county social workers and mental health clinicians.</p>	<p>No</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 meets bi-weekly to discuss administrative capabilities, workforce capacity and available resources in order to meet the parameters of Katie A. Child Welfare, Mental Health, and Contract Providers have all extended its system capacity by allocating internal resources to assist with Katie A. services. CWS has been able to appoint 1 individual to track all incoming screening tools received from social workers. Mental Health has proposed to hire additional staff</p>	<p>No</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
	designated specifically for Katie A. services. Contract providers have been able to provide 2 mental health clinician to assist with Katie A. Screenings and Assessments.	
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>	Available services are culturally responsive and are provided in English, Spanish and Hmong as needed. Trauma informed care and training is currently being explored at this time for county employees. Contract providers have been able to provide services within the scope of the Core Practice Model principles and their staff have attended Trauma Informed trainings. Such training, which can be provided by contract provider, have already been discussed at bimonthly Katie A. meetings.	No
Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	The implementation team is working on ensuring that the Core Practice Model family-centered principles are central in the Katie A. plan for Merced County. 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. In addition, a pilot project has been underway to identify best practices in teaming approaches that are inclusive of the family in the setting of the family's choice.	No
Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i>	Available services are culturally responsive and are provided in English, Spanish and Hmong as needed. Mental Health has held multiple trainings for county employees and contract providers on the California Brief Multicultural Competency Scale (CBMCS) emphasizing on multicultural knowledge, awareness of cultural barriers, sensitivity and responsiveness to consumers, and socio-cultural diversities.	No
Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	The 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 that is consistent with the data fields available in the CWS/CMS system. Mental Health and contract providers have developed an Excel database to track subclass members and later inputting this information into CWS/CMS system. Child Welfare has created an Access database to track information that is unable to be tracked within the CWS/CMS system.	No
Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i>	The Katie A. Implementation team meets bi-weekly to address current fiscal policies and practices to ensure that they are consistent with the Core Practice Model Family-centered principles.	No