

County: _____

Date: _____

- 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:					
Title:					
Agency Name:					
Address:					
City:		State:		Zip Code:	
Phone:		E-mail:			

Name and Contact Information County Mental Health Department Representative					
Name:					
Title:					
Agency Name:					
Address:					
City:		State:		Zip Code	
Phone:		E-mail:			

County: _____

Date: _____

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		
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.		
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.		
4	Potential subclass members who were unknown to the MHP during the reporting period.		

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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		
2	Receiving Intensive Care Coordination (ICC).		
3	Receiving Intensive Home Based Services (IHBS).		
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>		
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>		
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).		
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).		
8	Declined to receive ICC or IHBS.		

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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 Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.
1 (a)	ICC		
1 (b)	IHBS		

Is your county experiencing the following implementation barriers?

Hiring	Yes	
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.

County: Modoc

Reporting Period: 9/1/13 - 2/28/14

Date Completed: 4/16/14

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)
Agency Leadership <i>Leadership's experience implementing family-centered services in a collaborative setting.</i>	The Modoc County Behavioral Health Deputy Director and Clinical Supervisor meet regularly with the CWS Supervisor to ensure implementation of needed services is addressed. Our numbers in Modoc Co are very small.	N
Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i>	The Katie A Team (BH Dep Director; Clinical Supervisor & clinicians who serve children; CWS Supervisor & Social Workers) meet regularly to review status of sub-class youth, services received and plans to address any unmet needs.	N
Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i>	At this time, the County has the capacity to meet the needs of sub-class members in the County, in both CWS and Behavioral Health systems. Behavioral Health has been unable to fill a position for a licensed clinician, so, if KDA referral rates increase, there may be a capacity problem, even though Katie A referrals have been given priority	N
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>	Service providers have been trained in evidence-based practices, including trauma-informed cognitive behavioral therapy, motivational interviewing, as well as treatment team approaches to include mental health nurses & case managers when appropriate. Spanish is the only threshold language in the County, two clinicians & one CWS Social Worker can deliver services in Spanish. Should Native American youth be identified in subclass, we have relationships w/ providers of traditional healing.	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	Families are involved in the planning and implementation of services in the CWS & MH systems, although we acknowledge a need to strengthen the family component of the 3-way partnership. We are hoping to find trainers to come to Modoc County to train partners in an appropriate model (e.g., Family Unity Meetings; Family Decision-Making models, etc.)	Y
Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i>	We have a strong system to ensure cultural effectiveness with the Hispanic population and have resources available to address needs of Native American families	N
Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	Behavioral Health is currently involved in several initiatives and learning collaboratives through CIMH to strengthen our data tracking abilities and begin to use data more effectively to inform programs and practices. CWS works closely with CDSS to monitor data from the CWS/CMS system.	N
Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i>	Through the Mental Health Services Act, we use the "whatever it takes" philosophy of FSP to ensure that family-centered service needs are met when there are services not covered by Medi-Cal or other funding sources.	N