

County: MODOC

Date: October 7, 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:	Carole McCulley				
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Agency Name:	Modoc County Social Services				
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City:	Alturas	State:	CA	Zip Code:	96101
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Name and Contact Information County Mental Health Department Representative					
Name:	Tara Shepherd				
Title:	Deputy Director				
Agency Name:	Modoc County Behavioral Health				
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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	5	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	1	
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.	0	
4	Potential subclass members who were unknown to the MHP during the reporting period.	0	

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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	4	
2	Receiving Intensive Care Coordination (ICC).	3	The other subclass member will receive ICC services in the next reporting period.
3	Receiving Intensive Home Based Services (IHBS).	0	
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>	0	
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>	0	
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).	1	Receiving outpatient mental health therapy (same subclass member that will receive ICC in next reporting period).
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.	0	

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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 February 28, 2015	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	8	Note: During the next reporting period, the team plans to re-assess procedures for determining sub-class members. At this point, we may not be clearly distinguishing between Katie A "class" members and Katie A "subclass" members.
1 (b)	IHBS	1	

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.

Hiring: Both CWS and Behavioral Health are under-staffed. The problem is not hiring, it is lack of resources to be able to hire more staff. It is difficult to find enough hours in the day to meet day-to-day obligations to those we serve, meet reporting requirements, and provide "business as usual." However, we know that "business as usual" is not the standard we are striving for. We are excited about learning and implementing evidence-based, family-centered, innovative services.

Training: We hope to bring training to the team on an evidence-based model for family decision-making that incorporates family, youth and significant others in goal setting, plan development, and supportive services.

County: Modoc Reporting Period: MARCH 1 – AUGUST 31 2014 Date Completed: October 7, 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>Agency Leadership in Behavioral Health and Social Services, as well as in other partner agencies, have been instrumental in implementing a variety of family-centered services, including our Family Wellness Court (formerly the Dependency Drug Treatment Court), the Strengthening Families Program (a SAMHSA model program), and the Healthy Beginnings Program, an infant/toddler mental health program spear-headed by Public Health nursing staff and funded through First 5 Modoc, which includes collaboration among Public Health, BH, CWS, and Early Head Start. Leadership at Social Services supports CWS in their implementation of Safety Organized Practice (SOP), which is an integration of Structured Decision-Making and Signs of Safety. SOP is a family-centered, solution-focused process that incorporates into CWS services collaboration with the family, youth and significant others, as well as collaboration with other community stakeholder agencies.</p>	<p>N</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Two collaborative treatment courts (Family Wellness Court and the Juvenile Delinquency Prevention and Treatment Court), through their respective Treatment Teams and the Collaborative Treatment Courts Steering Committee, are involved in the collaborative provision of services for children and families. Collaborative Katie A Team planning meetings & ICC meetings address needs of children and families. There is an on-going individual consultation/collaboration at the clinician/social worker level to meet the needs of children and families. Public Health and Social Services collaborate to ensure foster care youth receive appropriate medical screening and medical care. In addition, SOP requires collaborative approaches.</p>	<p>N</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i></p>	<p>Administrative structures are in a transitional period, with an interim director at Social Services, and a strong likelihood that the Board of Supervisors will approve integration of Behavioral Health and Social Services. However, the specific administrative structure is still to be determined. Even during this transitional period, however, management continues to be supportive of collaboration. Social Services and Behavioral Health are both short-staffed in management and direct client services categories, with more work to be done than staff to do it. Staff are well-trained in their respective areas. The Team is seeking training in: 1) family-decision making models of Intensive Care Coordination, and 2) cross-system Team training so that BH staff have a better understanding of Child Welfare systems and mandates, and vice versa. Operating resources continue to be a problem, especially with a need to expand staff.</p>	Y
<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>Service providers have been trained and use evidence-based practices, including trauma-informed cognitive behavioral therapy, motivational interviewing, as well as treatment team approaches to include mental health nurses and case managers when appropriate. Two BH clinicians and one CWS Social Worker can deliver services in Spanish, which is the only threshold language in the County. BH has a part-time employee who is able to provide Native Healing experiences and traditions should a Native American youth be identified in the subclass.</p>	N
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>Consumers/clients and family members are involved in planning and implementation of services in the Behavioral Health system, with active involvement on the Behavioral Health Advisory Board, Quality Improvement Committee, and the Cultural Competence Committee (which also includes a teen consumer). CWS has increased involvement of children, youth and families through their on-going process of implementation of Safety Organized Practice. Our Katie A Team would like training in family decision-making models (e.g., Family Unity meetings, wraparound, etc.) to strengthen the role of youth, families and other supports receiving services in our Katie A collaborative.</p>	Y
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>We have a strong system to ensure cultural effectiveness with our Hispanic families, and can address specific cultural healing needs for our Native American families.</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>Behavioral Health is currently involved in testing an electronic data tracking system (e-CIBHS) through collaboration with the California Institute for Behavioral Health Solutions. The system will allow tracking at the client level and program level to better inform decisions for quality improvement. The system is still in the development stages, so we are unsure if it will be an effective tool for us. CWS works closely with CDSS to monitor data from the CWS/CMS system.</p>	Not at this time

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>Through the Mental Health Services Act, we have funding available to ensure that family-centered services needs are met when services are not covered by Medi-Cal or other funding sources. In addition, both CWS and BH have realignment funds that allow flexibility to support family-centered services.</p>	<p>N</p>