

County: Mono

Date: 4/28/14

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:	Marlo Preis				
Title:	Staff Services Analyst II				
Agency Name:	Mono County Department of Social Services				
Address:	PO Box 2969				
City:	Mammoth Lakes	State:	CA	Zip Code:	93546
Phone:	760-924-1793	E-mail:	mpreis@mono.ca.gov		

Name and Contact Information County Mental Health Department Representative					
Name:	Danielle George				
Title:	Psychiatric Specialist II/ QA Coordinator				
Agency Name:	Mono County Behavioral Health				
Address:	452 Old Mammoth Rd / PO BOX 2619				
City:	Mammoth Lakes	State:	CA	Zip Code:	93546
Phone:	760-924-1740	E-mail:	dgeorge@mono.ca.gov		

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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	30	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	0	Full process for referral and assessment had not been decided during reporting period, so only members who were already in SMHS had assessments.
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.	20	Two tier system of referral. First step is for CWS to complete referral form and submit to BH. Second step is for social worker to discuss Katie A referral with family, and help make appointment if possible. First tier has been implemented and information is flowing smoothly. Second tier is in beginning implementation stages, and two families have been informed of Katie A services.
4	Potential subclass members who were unknown to the MHP during the reporting period.	6	

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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).	0	Ability to provide ICC at this time, with no subclass members engaged in service.
3	Receiving Intensive Home Based Services (IHBS).	0	Ability to provide IHBS at this time, with no subclass members engaged in service.
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>	2	One member in Wraparound, one was FSP
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).	2	
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.	1	Family already receiving individual psychotherapy and family therapy, and declined to be part of Katie A

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

			after speaking with social worker and therapist.
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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	1	
1 (b)	IHBS	1	

Is your county experiencing the following implementation barriers?

Hiring	Yes	<input type="checkbox"/> No
Training	<input checked="" type="checkbox"/> Yes	No
Service Availability	<input checked="" type="checkbox"/> Yes	No
County Contracting Process	Yes	<input checked="" type="checkbox"/> No

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

The agencies concerns include having available staff time to fully implement all aspects of Katie A Assessments and outreach and the need for Katie A specific trainings.

County: Mono Reporting Period: 9.1.13-2.28.14 Date Completed: 4/28/14

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>	CWS and MCBH are currently working with a wraparound family and implementing family centered services in a collaborative manner. Agencies have been offered trainings through the UCD Training Academy. Agencies have collaborated on the process of referrals and continue improve upon this process.	Y
Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i>	Biweekly meetings with CWS and MCBH take place, in which MDT protocols are followed to collaborate on shared families. Katie A updates are included in these meetings and the process of implementation continues to be discussed. Agencies are beginning to establishing a process for reviewing, changing and implementing a culture of family centered practices. Improvement and training needs lie around challenges that the agencies have in collaborating, CFT facilitation and communicating. Agencies continue to work on developing processes to share and receive feedback at the practice, program and system levels in order to resolve interdepartmental challenges and enhance success.	Y
Systems Capacity <i>The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.</i>	CWS had a social worker attend a UCD training "Facilitating CFT, Support Pathways to MH", and DSS listens in to the weekly Katie A Work Call. Both departments are planning to send representatives to the June Partnerships for Well Being Institute.	Y
Service Array	MCBH uses evidence based practices, and does annual performance improvement projects, which	N

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<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>	currently are implementing more strength based practices. Culturally BH has focused on being able to serve the Hispanic population by doubling bilingual, bicultural staff to serve families with in the past year. Assessment tool is standardized tool, which users have received training to administer and score. CWS continues with the training program of Safety Organized Practice.	
Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	Core practice model has influenced our plan for services once a family is engaged. No families are yet in services.	Y
Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i>	Both departments have bilingual, bicultural members of their staff	N
Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	Data collection is currently done by behavioral health through use of an excel spreadsheet. Once ICC and IHBS services are provided, MCBH electronic health record is able to capture these services and create reports concerning data. CWS collects data through pre-existing CMS/CWS system and monitors referrals made to MCBH. Agencies will be creating a more effective process in tracking this data as the program evolves.	N
Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i>	No activity.	N