

County: Nevada

Date: 4/26/14

- 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:	Rebecca Slade				
Title:	Interim Program Manager				
Agency Name:	Nevada County Child Welfare				
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City:	Grass Valley	State:	CA	Zip Code:	95945
Phone:	530-470-2539	E-mail:	Rebecca.Slade@co.nevada.ca.us		

Name and Contact Information County Mental Health Department Representative					
Name:	Rebecca Slade				
Title:	Program Manager				
Agency Name:	Nevada County Behavioral Health				
Address:	208 Sutton Way				
City:	Grass Valley	State:	CA	Zip Code:	95945
Phone:	530-470-2539	E-mail:	Rebecca.Slade@co.nevada.ca.us		

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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		I am unclear what this means
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	0	All of the children that Child Welfare referred met medical necessity.
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.	3	
4	Potential subclass members who were unknown to the MHP during the reporting period.	Unknown	I do not understand this question

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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	50	
2	Receiving Intensive Care Coordination (ICC).	34	
3	Receiving Intensive Home Based Services (IHBS).	21	
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	
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).	14	
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.	1	

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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	60	Nevada County has trained everyone on the use ICC in August 2013 and started to do IHBS services in September 2013. We ran the date in our electronic health record in February 2013 and discovered that providers were not using the expected amounts of ICC services. We retained our staff in February 2014 and currently have an expected amount of services.
1 (b)	IHBS	50	Nevada County has trained everyone on the use IHBS in August 2013 and started to do IHBS services in September 2013. We ran the date in our electronic health record in February 2013 and discovered that providers were not using the expected amounts of IHBS services. We retained our staff in February 2014 and currently have an expected amount of services.

Is your county experiencing the following implementation barriers?

Hiring	Yes	
Training		No
Service Availability		No
County Contracting Process		No

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

Nevada County has had a large turn over in Child Welfare staff on all levels. The department is struggling to find qualified staff to fill our positions. Our Behavioral Health contract providers are also struggling with this issue.

County: Nevada County_____

Reporting Period: May 2014_____

Date Completed: ___4/26/14_____

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)
<p>Agency Leadership <i>Leadership’s experience implementing family-centered services in a collaborative setting.</i></p>	<p>Nevada County Child Welfare’s Program Manager left the position and it has been temporarily filled with an Interim, Rebecca Slade who is the Program Manager for Children’s Behavioral Health. Nevada County has created a Leadership team consisting of our three contract providers who are serving most of our Katie A children, our Behavioral Health Quality Assurance Program Manager and the Program Manager representing both Behavioral Health and Child Welfare. This group meets monthly.</p>	<p>No</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>Nevada County Child Welfare and Children’s Behavioral Health are co-located and have worked closely together for many years. We meet weekly, and it is expected that social workers and therapists worked closely with one another. Nevada County Behavioral Health serves 87% of all dependent children.</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>There is a continual need for more training with new staff members on Katie A. There is an ongoing struggle with being short staffed. Nevada County is looking for more bi-lingual staff.</p>	<p>Yes</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</i></p>	<p>Nevada County has 110 wraparound slots and a Family Preservation Program that offers wrap around services. We have three providers that are able to do ICC and IHBS services. We have a number of providers that have been trained in Trauma Focused Cognitive Behavioral Therapy. We have Spanish speaking health care workers called Promotras that do outreach and engagement with our Spanish speaking population and use the Wellness and Recovery Action Plan curriculum with</p>	<p>No</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<i>practices and traditions.</i>	clients.	
Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i>	Families and children are included in all treatment planning and decisions. We have little family and child involvement in larger system decisions and policy making. This is an area of growth for Nevada county.	Yes
Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i>	We have four Spanish speaking therapists in the Children’s System of Care in Nevada County. We are currently looking for more. We have six Promotoras in our county who are trained in the “Raices” and the “Wellness Recovery Action Plan” models to use with our clients and families.	
Outcomes and Evaluation <i>The strength of current data collection practices, and how outcomes data is used to inform programs and practice.</i>	Nevada County uses the Anasazi electronic health record. We are able to extract most of our data from this system. All Nevada County Behavioral Health providers currently use the CANS (Child and Adolescent Needs and Strengths) tool and we are working on a larger system to gather this data.	
Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i>	Nevada County Fiscal staff has been supportive of our use of Wraparound and of SB163 Wraparound. They have been supportive of our use of MHSA and Re-alignment funds to support families. They have helped us with the use of “Flex” funds to help with specific family needs that directly impact the health and safety of a child.	