

County: Nevada

Date: 9/26/14

- 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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Name and Contact Information County Mental Health Department Representative					
Name:	Nicholas Ready				
Title:	Program Manager				
Agency Name:	Nevada County Behavioral Health				
Address:	208 Sutton Way				
City:	Grass Valley	State:	CA	Zip Code:	95945
Phone:	530-265-1654	E-mail:	Nicholas.Ready@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	65	
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.	2	

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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	46	
2	Receiving Intensive Care Coordination (ICC).	24	
3	Receiving Intensive Home Based Services (IHBS).	15	
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>	4	
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).	0	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	3	
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 had a high staff turnover and will be doing another training will all Child Welfare Staff and all County and Contract Behavioral Health staff on November 19, 2014.
1 (b)	IHBS	50	Nevada County has had a high staff turnover and will be doing another training will all Child Welfare Staff and all County and Contract Behavioral Health staff on November 19, 2014.

Is your county experiencing the following implementation barriers?

Hiring	Yes	
Training	Yes	
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. Because of staff turnover we are planning another training with Child Welfare and Behavioral Health staff on 11/19/14

County: Nevada County Reporting Period: 3/1/14 to 8/31/14 Date Completed: November 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>Nevada County is a small county where there has been a lot of collaboration in the Children’s System of Care. Behavioral Health and Child Welfare are co-housed and work closely together from the Management level to the line worker.</p>	<p>No</p>
<p>Systems and Interagency Collaboration <i>How collaborative approaches are used when serving children and families.</i></p>	<p>We have a very collaborative team with Child Welfare, Behavioral Health and our contractors.</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>We have had a lot of staff turnover in the last year and are planning to do another large Katie A training with Child Welfare, Behavioral Health and contractors on November 17, 2014. We struggle with staff shortages and retention.</p>	<p>Training on recruiting and retaining staff in the small rural counties would be helpful.</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 practices and traditions.</i></p>	<p>Behavioral Health uses a number of Evidence Based Practices, the most significant for Child Welfare children is Trauma Focused Cognitive Behavioral Therapy. We have a number of bi-cultural, bi-lingual social workers and therapist, but it is always a struggle to find enough of these staff.</p>	<p>Training on recruiting and retaining bi-lingual and bi-cultural staff in the small rural counties would be helpful.</p>
<p>Involvement of Children, Youth & Family <i>How Core Practice Model family-centered principles are reflected in current systems.</i></p>	<p>We have an ongoing group of foster youth and youth who have aged out of the system. This group is called “Teen Talk” and it meets once a month for “chat” about what it is like to be a foster youth. We have started to bring our ideas and get feedback from this group on Katie A implementation.</p>	<p>yes</p>

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
<p>Cultural Responsiveness <i>Agency ability to work effectively in cross-cultural settings.</i></p>	<p>We live in a community that is predominately Caucasian with an emerging Hispanic population. We are blessed with having a number of Spanish speaking, bi-cultural staff.</p>	<p>no</p>
<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>We have started to implement an evaluation tool called the CANS and hope to soon have it system wide.</p>	<p>Yes</p>
<p>Fiscal Resources <i>How fiscal policies, practices, and expertise support family-centered services.</i></p>	<p>Our Behavioral Health fiscal officer and our Social Services fiscal officer are co-housed and work closely.</p>	<p>no</p>